

EXHIBIT A
Insurance Policy 57 WV WQ0015



Customer Privacy Notice
The Hartford Financial Services Group, Inc. and Affiliates
 (herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
 - b) use; and
 - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;

- c) insurance companies;
 - d) administrators; and
 - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
 - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
 - b) provide an adequate level of protection for that data;
- and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Financial Information may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford - Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at ConsumerPrivacyInquiriesMailbox@thehartford.com.

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2024), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford (Asia) Limited; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Corporate Underwriters Limited; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Management (UK) Limited; Hartford Productivity Services LLC; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Hartford Underwriting Agency Limited; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators Management Company, Inc.; Navigators Specialty Insurance Company; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.



ARKANSAS WORKERS' COMPENSATION INSURANCE BENEFITS DEDUCTIBLE ELECTION FORM

Arkansas Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for benefits and applies separately to each claim.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

☐ 1. I reject any deductible option and elect that the company pay all benefits due under my policy.

☐ 2. I elect only one of the following deductibles to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

PREMIUM REDUCTION

APPLICABLE TO TOTAL LOSSES HAZARD GROUP

		A	B	C	D	E	F	G
<input type="checkbox"/>	\$ 1,000	7.6%	6.8%	5.8%	4.3%	3.3%	2.1%	1.8%
<input type="checkbox"/>	1,500	9.5%	8.5%	7.4%	5.6%	4.2%	2.8%	2.4%
<input type="checkbox"/>	2,000	11.0%	10.0%	8.6%	6.6%	5.1%	3.5%	3.0%
<input type="checkbox"/>	2,500	12.3%	11.2%	9.7%	7.5%	5.8%	4.0%	3.5%
<input type="checkbox"/>	3,000	13.4%	12.2%	10.6%	8.3%	6.5%	4.6%	3.9%
<input type="checkbox"/>	3,500	14.4%	13.1%	11.4%	9.0%	7.1%	5.0%	4.4%
<input type="checkbox"/>	4,000	15.3%	14.0%	12.2%	9.7%	7.6%	5.5%	4.8%
<input type="checkbox"/>	4,500	16.1%	14.8%	12.9%	10.3%	8.2%	5.9%	5.1%
<input type="checkbox"/>	5,000	16.9%	15.5%	13.5%	10.9%	8.6%	6.4%	5.5%

APPLICABLE TO INDEMNITY LOSSES HAZARD GROUP

		A	B	C	D	E	F	G
<input type="checkbox"/>	\$ 1,000	1.7%	1.5%	1.2%	1.2%	0.9%	0.8%	0.6%
<input type="checkbox"/>	1,500	2.4%	2.1%	1.8%	1.6%	1.3%	1.1%	0.9%
<input type="checkbox"/>	2,000	3.1%	2.7%	2.2%	2.1%	1.7%	1.4%	1.2%
<input type="checkbox"/>	2,500	3.7%	3.3%	2.8%	2.5%	2.1%	1.7%	1.5%
<input type="checkbox"/>	3,000	4.3%	3.8%	3.1%	3.0%	2.4%	2.1%	1.7%
<input type="checkbox"/>	3,500	4.8%	4.3%	3.6%	3.3%	2.7%	2.3%	1.9%
<input type="checkbox"/>	4,000	5.3%	4.8%	4.0%	3.7%	3.0%	2.6%	2.2%
<input type="checkbox"/>	4,500	5.8%	5.1%	4.4%	4.0%	3.3%	2.8%	2.4%
<input type="checkbox"/>	5,000	6.3%	5.6%	4.7%	4.4%	3.6%	3.1%	2.6%

**APPLICABLE TO MEDICAL LOSSES
HAZARD GROUP**

		A	B	C	D	E	F	G
<input type="checkbox"/>	\$ 1,000	7.4%	6.7%	5.7%	4.2%	3.2%	2.1%	1.7%
<input type="checkbox"/>	1,500	9.2%	8.3%	7.2%	5.4%	4.1%	2.7%	2.3%
<input type="checkbox"/>	2,000	10.6%	9.6%	8.3%	6.4%	4.9%	3.3%	2.8%
<input type="checkbox"/>	2,500	11.7%	10.7%	9.3%	7.1%	5.5%	3.8%	3.3%
<input type="checkbox"/>	3,000	12.7%	11.6%	10.1%	7.8%	6.1%	4.2%	3.7%
<input type="checkbox"/>	3,500	13.5%	12.5%	10.9%	8.5%	6.6%	4.6%	4.0%
<input type="checkbox"/>	4,000	14.3%	13.2%	11.5%	9.1%	7.1%	5.0%	4.4%
<input type="checkbox"/>	4,500	15.0%	13.8%	12.1%	9.6%	7.5%	5.4%	4.7%
<input type="checkbox"/>	5,000	15.7%	14.4%	12.6%	10.0%	8.0%	5.7%	5.0%

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature

Return to
Issuing Office:
Address:



Policy Number 57 WV WQ0015 Policy Effective Date 04/01/2024

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Dear Hartford Insured,

Re: An Important Message to Workers Compensation Policyholders

The control of workplace accidents and injuries should be among the highest priorities of your firm. Each accident wastes precious human and financial resources, and introduces inefficiencies into your operations. From a practical standpoint, the control of accidents, and their inevitable costs, simply makes good business sense.

An effective risk engineering program can save you money and aggravation, can positively impact your loss experience (and thus your premium), and most importantly, can help you maintain solid control of your operations.

As a service to you, our valued customer, the Risk Engineering Department of The Hartford in cooperation with your independent agent, can assist you in establishing risk engineering strategies. If you would like assistance, please complete and return to us the reply portion of this brochure, or contact your independent agent.

Services Available

The following is a description of some of the services that we provide. The types of services that may be appropriate for your business depend upon the nature and size of your operations and the specific risk engineering services you have requested. The cost of risk engineering services may or may not be a part of your insurance premium. This depends on the extent of the requested services, agreements stated in your insurance policy and program, and statutory regulations that may require us to provide risk engineering services.

- 1) **Reference Materials** - Information about risk engineering topics that can be provided or made available to you to help you to enhance your risk engineering program.
- 2) **Telephone Consultation** - We can hold a teleconference with you to help you to evaluate your risk engineering program, identify areas for improvement, and recommend ways to implement such improvements.
- 3) **Onsite Consultation** - This consists of visiting your premises and helping you to assess and remedy your risk engineering needs onsite. This level of service is usually only appropriate for larger, higher hazard operations. The following are examples of some of the services that could be provided onsite:
 - o A review of your safety program to determine its adequacy and recommend modifications to that plan where needed.
 - o Specific hazard evaluations, including ergonomics, industrial hygiene or material handling.
 - o An initial survey and evaluation to address potential safety and health hazards.
 - o Consultation to help management establish a comprehensive loss prevention Program.
 - o Periodic summaries of accidents and analysis of causes.
 - o Follow-up visits to check on progress and to provide continuing assistance when required.

A Word About OSHA

The Occupational Safety and Health Act of 1970 and similarly approved State Plans require employers to provide their employees with safe and healthful places to work. The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor and similar State agencies enforce the regulations and apply penalties (civil and criminal) for non-compliance.

New standards have been developed, and through application and interpretation, standards change. You should make yourself aware of the standards that are applicable to your operations, and assure yourself that reasonable efforts are made to be in compliance. Copies of the standards are available through most libraries, or can be obtained through OSHA or the U.S. Government Printing Office.

You should know that neither The Hartford, nor any other party, can fulfill your obligations under the Law. Questions related to your legal obligations should be referred to your legal counsel.

Some Safety Reminders from The Hartford:

Have you considered:

- The need to formalize your safety efforts to assure compliance and document your efforts?
- The need to acquire Material Safety Data Sheets on all hazardous materials and the need for training on appropriate safety measures for your employees?
- Requirements for record keeping of injuries, illnesses, and exposure to hazardous substances?
- Assessing each job task to determine hazards and needed controls?
- Measuring each exposure to hazardous substances to determine the need for control or personal protective equipment?
- What mechanisms are in place to periodically verify that exposure controls (guards, ventilation systems, etc.) are still in place and working?
- What specific training your employees and your supervisors need to avoid hazards in the workplace?
- What specific OSHA standards apply to your business?
- What mechanism exists to promptly investigate all accidents and 'near-misses' to limit the chance of another occurrence?
- The financial impact an injury or illness has on your business?
- What resources are available to you to help prevent accidents and illnesses?

Thank you for your business.

Sincerely,
The Hartford's Risk Engineering Department

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FOR ADDITIONAL INFORMATION OR ASSISTANCE, EITHER TELEPHONE OR MAIL THIS FORM TO YOUR HARTFORD AGENT OR NEAREST OFFICE OF THE HARTFORD

NOTICE TO ARKANSAS POLICYHOLDERS

The Hartford is required by law to provide its policyholders with certain accident prevention services at no additional cost as required by ARK. Code Ann. §11-9-409(D) and Rule 32. If you would like more information, call The Hartford's Risk Engineering Department, One Hartford Plaza, COG1, Hartford, CT 06155 at 1-866-586-0467. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

NOTICE TO CALIFORNIA POLICYHOLDERS

The Hartford is required by law to provide its policyholders with certain occupational safety and health risk engineering consultation services as required by the California Labor Code, §6354.5, at no additional charge. If you would like more information call The Hartford's Risk Engineering Department at 1-866-586-0467 for occupational safety and health risk engineering consultation services.

California Workers Compensation insurance policyholders may register comments about the insurer's risk engineering consultation service by writing to:

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
P.O. Box 420603
San Francisco, California 94142

NOTICE TO PENNSYLVANIA POLICYHOLDERS

The Hartford maintains and provides accident and illness prevention services as required by the nature of the policyholder's business or its operation, in accordance with the Pennsylvania Workers' Compensation Act. For more information about these services contact your Hartford Agent or nearest office of The Hartford.

NOTICE TO TEXAS POLICYHOLDERS

Pursuant to Texas Labor Code §411.066, The Hartford is required to notify its policyholders that accident prevention services are available from The Hartford at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene and industrial health services.

The Hartford is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022.

If you would like more information, contact The Hartford at 1-866-586-0467 and email contactriskengineering@thehartford.com for accident prevention services or 1-877-952-9222 and email CentralClaimCenter.WCEDM@thehartford.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at 1-512-804-5000.

If The Hartford fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, MS-8, at 7551 Metro Center Drive, Austin, Texas 78744-1645.

Request for Technical Resources**To The Hartford's Risk Engineering Department:****Yes** - I am interested in obtaining information concerning:

General Topics <input type="checkbox"/> Accident Analysis <input type="checkbox"/> Accident Investigations <input type="checkbox"/> Establishing a Risk Engineering Program <input type="checkbox"/> Hazard Recognition <input type="checkbox"/> Safety Committees	Business Continuity <input type="checkbox"/> Business Travel Safety <input type="checkbox"/> Contingency Planning Overview <input type="checkbox"/> Emergency/Disaster Response <input type="checkbox"/> Emergency Evacuation Drills <input type="checkbox"/> Emergency Preparedness Planning	Construction <input type="checkbox"/> Construction Site Consultation <input type="checkbox"/> Construction Equipment Hazards <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Ladders & Scaffolds <input type="checkbox"/> Trenching & Evacuation <input type="checkbox"/> Fall Protection
Ergonomics <input type="checkbox"/> Back Injury Prevention <input type="checkbox"/> Computer Workstation <input type="checkbox"/> Cumulative Trauma Disorders <input type="checkbox"/> Ergo Train-the-Trainer <input type="checkbox"/> Telecommuting	Industrial Hygiene <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Industrial Hygiene (general) <input type="checkbox"/> Indoor Air Quality <input type="checkbox"/> Noise Exposures <input type="checkbox"/> Respiratory Protection	Property <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Flammable Liquids <input type="checkbox"/> Fire Prevention and Protection <input type="checkbox"/> Fire Drill and Evacuation <input type="checkbox"/> Hot Work Permit Program
Transportation <input type="checkbox"/> 3-D Driver Training <input type="checkbox"/> Driving Defensively <input type="checkbox"/> Fleet Newsletter <input type="checkbox"/> Guide to Successful Driver Mgmt <input type="checkbox"/> School Bus Driving Tips	Workers' Compensation <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Drug Screening <input type="checkbox"/> Machine Safeguarding <input type="checkbox"/> Return to Work Programs <input type="checkbox"/> Slip and Falls	Other Topics <input type="checkbox"/> Business Risk Management <input type="checkbox"/> General Liability Investigations <input type="checkbox"/> Product Liability Programs <input type="checkbox"/> Safety Training <input type="checkbox"/> Security/Terrorism

Name _____

Company _____ Policy # 57 WV WQ0015

Address _____

City & State _____ Zip Code _____

Email Address: _____ Telephone _____

For more information on the above, you can visit our website at

<https://www.thehartford.com/riskengineering>

Or you may forward your request to:

Fax line: 1-860-723-4459

Or mail to:

The Hartford Financial Services Group
 Risk Engineering Department
 One Hartford Plaza, COG1
 Hartford, CT 06155



IMPORTANT NOTICE ARKANSAS POLICYHOLDER'S ACCESS TO INSURER INFORMATION

This notice is to comply with the requirements of Ark. Code Ann. § 23-79-138(a)(3). We are required by law to notify you of the complete address and phone numbers of the Arkansas Insurance Department, the insurance company's servicing office, and the agent. Below is this information for your attached policy:

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

ARKANSAS INSURANCE DEPARTMENT
1 Commerce Way, Suite 102
Little Rock, AR 72202

SERVICING OFFICE:

THE HARTFORD
ONE HARTFORD PLAZA
HARTFORD CT 06155
(860) 547-5000

AGENT:

MARSH RISK & INSURANCE SERVIC 550001
4 EMBARCADERO CTR
SUITE 1100
SAN FRANCISCO, CA 94111

If you have any questions, contact your Hartford agent.



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Pursuant to Texas Labor Code §411.066, The Hartford is required to notify its policyholders that accident prevention services are available from The Hartford at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene and industrial health services.

The Hartford is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022.

If you would like more information, contact The Hartford at 1-866-586-0467 and email contactriskengineering@thehartford.com for accident prevention services or 1-877-952-9222 and email CentralClaimCenter.WCEDM@thehartford.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at 1-512-804-5000.

If The Hartford fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 12050, Austin, Texas 78711.

Request for Technical Resources**To The Hartford's Risk Engineering Department:**

Yes - I am interested in obtaining information concerning:

General Topics <input type="checkbox"/> Accident Analysis <input type="checkbox"/> Accident Investigations <input type="checkbox"/> Establishing a Risk Engineering Program <input type="checkbox"/> Hazard Recognition <input type="checkbox"/> Safety Committees	Business Continuity <input type="checkbox"/> Business Travel Safety <input type="checkbox"/> Contingency Planning Overview <input type="checkbox"/> Emergency/Disaster Response <input type="checkbox"/> Emergency Evacuation Drills <input type="checkbox"/> Emergency Preparedness Planning	Construction <input type="checkbox"/> Construction Site Consultation <input type="checkbox"/> Construction Equipment Hazards <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Ladders & Scaffolds <input type="checkbox"/> Trenching & Evacuation <input type="checkbox"/> Fall Protection
Ergonomics <input type="checkbox"/> Back Injury Prevention <input type="checkbox"/> Computer Workstation <input type="checkbox"/> Cumulative Trauma Disorders <input type="checkbox"/> Ergo Train-the-Trainer <input type="checkbox"/> Telecommuting	Industrial Hygiene <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Industrial Hygiene (general) <input type="checkbox"/> Indoor Air Quality <input type="checkbox"/> Noise Exposures <input type="checkbox"/> Respiratory Protection	Property <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Flammable Liquids <input type="checkbox"/> Fire Prevention and Protection <input type="checkbox"/> Fire Drill and Evacuation <input type="checkbox"/> Hot Work Permit Program
Transportation <input type="checkbox"/> 3-D Driver Training <input type="checkbox"/> Driving Defensively <input type="checkbox"/> Fleet Newsletter <input type="checkbox"/> Guide to Successful Driver Mgmt <input type="checkbox"/> School Bus Driving Tips	Workers' Compensation <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Drug Screening <input type="checkbox"/> Machine Safeguarding <input type="checkbox"/> Return to Work Programs <input type="checkbox"/> Slip and Falls	Other Topics <input type="checkbox"/> Business Risk Management <input type="checkbox"/> General Liability Investigations <input type="checkbox"/> Product Liability Programs <input type="checkbox"/> Safety Training <input type="checkbox"/> Security/Terrorism

Name _____

Company _____ Policy # 57 WV WQ0015

Address _____

City & State _____ Zip Code _____

Email Address: _____ Telephone _____

For more information on the above, you can visit our website at

<https://www.thehartford.com/riskengineering>

Or you may forward your request to:

Fax line: 1-860-723-4459

Or mail to:

The Hartford Financial Services Group
 Risk Engineering Department
 One Hartford Plaza, COG1
 Hartford, CT 06155



POLICYHOLDER NOTICE

PAYROLL RECORD AND AUDIT REQUIREMENTS FOR DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS

Your policy includes one or more construction or erection classifications. Dual wage classifications are pairs of classifications that describe the same construction or erection operation yet are assigned based upon whether the employee's hourly wage is above or below a specified threshold. Each pair of dual wage classifications contains one "high wage" classification that is assignable to payrolls earned by employees whose regular hourly wage equals or exceeds a specified wage threshold and one "low wage" classification that is assignable to payrolls earned by employees whose regular hourly wage is less than the specified threshold.

Payroll Record Requirements

The assignment of a high wage classification is contingent on verifying that the employee's hourly wage equals or exceeds the specified wage threshold. The determination of the regular hourly wage for any non-salaried employee must be supported by one of the following sources:

- o Original time cards or time book entries for each employee. Original records must include the operations performed, the total hours worked each day and the times the employee started and ended each work period throughout the workday. At job locations where all of the employer's operations cease for a uniform unpaid meal period, recording the start and stop times of the uniform break period is not required.
- o A valid collective bargaining agreement that shows the regular hourly wage rate by job classification of a worker. If using a collective bargaining agreement, the records must include an employee roster by job classification that permits the reconciliation of individual employees to the job classifications set forth in the collective bargaining agreement.

The non-salaried employee's regular hourly wage shall be determined by dividing that employee's total remuneration by the hours worked during the pay period, irrespective of whether the employee is paid on an hourly, piecework, production or commission basis.

The payroll earned by any non-salaried employees for whom the records specified above are not maintained and/or made available will be assigned to the low wage classification that describes the operations performed.

The regular hourly wage of salaried employees is determined by dividing the total annual remuneration by 2000 hours. If an employee is salaried for less than 12 months, the regular hourly wage for the salaried period is calculated on a prorated basis.

Audit Requirements

If your policy has an effective date on or after January 1, 2020 and produces a final premium of \$10,500 or more, a physical audit is required at least once a year; if it produces a final premium of less than \$10,500 and develops payroll in a high wage classification, a physical audit of the policy is required unless the policy is a renewal and a physical audit was completed for one of the two immediately preceding policy periods. A "physical audit" is defined as an audit of payroll, whether conducted at the policyholder's location or at a remote site, that is based upon an auditor's examination of the policyholder's books of accounts and original payroll records (in either electronic or hard copy form) as necessary to determine and verify the exposure amounts by classification.

If you hold a C-39 Roofing Contractor license from the California Contractors State License Board, a physical audit is required on the complete policy period of each policy regardless of the amount of final premium. See California Insurance Code Section 11665(a) for additional requirements regarding the audit of C-39 license holders.



POLICYHOLDER NOTICE YOUR RIGHT TO RATING AND DIVIDEND INFORMATION

I. Information Available to You

A. Information Available from Us -

- (1) General questions regarding your policy should be directed to **your Hartford Agent or**

**3600 Wiseman Blvd
San Antonio, TX 78251
Telephone: (860) 547-5000
agency.services@thehartford.com
www.thehartford.com**

- (2) **Dividend Calculation.** If this is a participating policy (a policy on which a dividend may be paid), upon payment or non-payment of a dividend, we shall provide a written explanation to you that sets forth the basis of the dividend calculation. The explanation will be in clear, understandable language and will express the dividend as a dollar amount and as a percentage of the earned premium for the policy year on which the dividend is calculated.

- (3) **Claims Information.** Pursuant to Sections 3761 and 3762 of the California Labor Code, you are entitled to receive information in our claim files that affects your premium. Copies of documents will be supplied at your expense during reasonable business hours.

For claims covered under this policy, we will estimate the ultimate cost of unsettled claims for statistical purposes eighteen months after the policy becomes effective and will report those estimates to the Workers' Compensation Insurance Rating Bureau of California (WCIRB) no later than twenty months after the policy becomes effective. The cost of any settled claims will also be reported at that time. At twelve-month intervals thereafter, we will update and report to the WCIRB the estimated cost of any unsettled claims and the actual final cost of any claims settled in the interim. The amounts we report will be used by the WCIRB to compute your experience modification if you are eligible for experience rating.

B. Information Available from the Workers' Compensation Insurance Rating Bureau of California

- (1) The WCIRB is a licensed rating organization and the California Insurance Commissioner's designated statistical agent. As such, the WCIRB is responsible for administering the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (USRP) and the *California Workers' Compensation Experience Rating Plan—1995* (ERP). WCIRB contact information is: WCIRB, 1901 Harrison Street, 17th Floor, Oakland, CA 94612, Attn: Customer Service; 888.229.2472 (phone); 415.778.7272 (fax); and customerservice@wcirb.com (email). The regulations contained in the USRP and ERP are available for public viewing through the WCIRB's website at wcirb.com.

- (2) **Policyholder Information.** Pursuant to California Insurance Code (CIC) Section 11752.6, upon written request, you are entitled to information relating to loss experience, claims, classification assignments, and policy contracts as well as rating plans, rating systems, manual rules, or other information impacting your premium that is maintained in the records of the WCIRB. Complaints and Requests for Action requesting policyholder information should be forwarded to: WCIRB, 1901 Harrison Street, 17th Floor, Oakland, CA 94612, Attn: Custodian of Records. The Custodian of Records can be reached at 415.777.0777 (phone) and 415.778.7272 (fax).

- (3) **Experience Rating Form.** Each experience rated risk may receive a single copy of its current Experience Rating Form/Worksheet free of charge by completing a Policyholder Experience Rating Worksheet Request Form on the WCIRB's website at wcirb.com/ratesheet. The Experience Rating Form/Worksheet will include a Loss-Free Rating, which is the experience modification that would have been calculated if \$0 (zero) actual losses were incurred during the experience period. This hypothetical rating calculation is provided for informational purposes only.

II. Dispute Process

You may dispute our actions or the actions of the WCIRB pursuant to CIC Sections 11737 and 11753.1.

A. Our Dispute Resolution Process.

You may send us a written Complaint and Request for Action requesting that we reconsider a change in a classification assignment that results in an increased premium and/or requesting that we review the manner in which our rating system has been applied in connection with the insurance afforded or offered you. Written Complaints and Requests for Action should be forwarded to:

One Pointe Drive, Suite 200, Brea, CA 92821; Telephone (800) 451-6944; Fax (860) 723-4289.

After you send your Complaint and Request for Action, we have 30 days to send you a written notice indicating whether your written request will be reviewed. If we agree to review your request, we must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If we decline to review your request, if you are dissatisfied with the decision upon review, or if we fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below.

- B. Disputing the Actions of the WCIRB.** If you have been aggrieved by any decision, action, or omission to act of the WCIRB, you may request, in writing, that the WCIRB reconsider its decision, action, or omission to act. You may also request, in writing, that the WCIRB review the manner in which its rating system has been applied in connection with the insurance afforded or offered you. For requests related to classification disputes, the reporting of experience, or coverage issues, your initial request for review must be received by the WCIRB within 12 months after the expiration date of the policy to which the request for review pertains, except if the request involves the application of the Revision of Losses rule. For requests related to your experience modification, your initial request for review must be received by the WCIRB within 6 months after the issuance, or 12 months after the expiration date, of the experience modification to which the request for review pertains, whichever is later, except if the request for review involves the application of the Revision of Losses rule. If the request involves the Revision of Losses rule, the time to state your appeal may be longer. (See Section VI, Rule 7 of the ERP).

You may commence the review process by sending the WCIRB a written Inquiry. Written Inquiries should be sent to: **WCIRB, 1901 Harrison Street, 17th Floor, Oakland, CA 94612, Attn: Customer Service. Customer Service can be reached at 888.229.2472 (phone), 415.778.7272 (fax) and customerservice@wcirb.com (email).**

If you are dissatisfied with the WCIRB's decision upon an Inquiry, or if the WCIRB fails to respond within 90 days after receipt of the Inquiry, you may pursue the subject of the Inquiry by sending the WCIRB a written Complaint and Request for Action. After you send your Complaint and Request for Action, the WCIRB has 30 days to send you written notice indicating whether your written request will be reviewed. If the WCIRB agrees to review your request, it must conduct the review and issue a decision granting or rejecting your request within 60 days after sending you the written notice granting review. If the WCIRB declines to review your request, if you are dissatisfied with the decision upon review, or if the WCIRB fails to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner as described in paragraph II.C., below. Written Complaints and Requests for Action should be forwarded to: **WCIRB, 1901 Harrison Street, 17th Floor, Oakland, CA 94612, Attn: Complaints and Reconsideration. The WCIRB's contact information is 888.229.2472 (phone), 415.371.5204 (fax) and customerservice@wcirb.com (email).**

- C. California Department of Insurance - Appeals to the Insurance Commissioner.** After you follow the appropriate dispute resolution process described above, if (1) we or the WCIRB decline to review your request, (2) you are dissatisfied with the decision upon review, or (3) we or the WCIRB fail to grant or reject your request or issue a decision upon review, you may appeal to the Insurance Commissioner pursuant to CIC Sections 11737, 11752.6, 11753.1 and Title 10, California Code of Regulations, Section 2509.40 et seq. You must file your appeal within 30 days after we or the WCIRB send you the notice rejecting review of your Complaint and Request for Action or the decision upon your Complaint and Request for Action. If no written decision regarding your Complaint and Request for Action is sent, your appeal must be filed within 120 days after you sent your Complaint and Request for Action to us or to the WCIRB. The filing address for all appeals to the Insurance Commissioner is:

Administrative Hearing Bureau
California Department of Insurance
1901 Harrison Street, 3rd Floor Mailroom
Oakland, CA 94612
415.538.4243

You have the right to a hearing before the Insurance Commissioner, and our action, or the action of the WCIRB, may be affirmed, modified or reversed.

III. Resources Available to You in Obtaining Information and Pursuing Disputes

- A. Policyholder Ombudsman.** Pursuant to California Insurance Code Section 11752.6, a policyholder ombudsman is available at the WCIRB to assist you in obtaining and evaluating the rating, policy, and claims information referenced in I.A. and I.B., above. The ombudsman may advise you on any dispute with us, the WCIRB, or on an appeal to the Insurance Commissioner pursuant to Section 11737 of the Insurance Code. The address of the policyholder ombudsman is WCIRB, 1901 Harrison Street, 17th Floor, Oakland, CA 94612, Attn: Policyholder Ombudsman. The policyholder ombudsman can be reached at 415.778.7159 (phone), 415.371.5288 (fax) and ombudsman@wcirb.com (email).
- B. California Department of Insurance - Information and Assistance.** Information and assistance on policy questions can be obtained from the Department of Insurance Consumer HOTLINE, 800.927.HELP (4357) or insurance.ca.gov. For questions and correspondence regarding appeals to the Administrative Hearing Bureau, see the contact information in paragraph II.C.

This notice does not change the policy to which it is attached.



POLICYHOLDER NOTICE

CALIFORNIA WORKERS' COMPENSATION INSURANCE RATING LAWS

Pursuant to Section 11752.8 of the California Insurance Code, we are providing you with an explanation of the California workers' compensation rating laws.

1. We establish our own rates for workers' compensation. Our rates, rating plans, and related information are filed with the insurance commissioner and are open for public inspection.
2. The insurance commissioner can disapprove our rates, rating plans, or classifications only if he or she has determined after public hearing that our rates might jeopardize our ability to pay claims or create a monopoly in the market. A monopoly is defined by law as a market where one insurer writes 20% or more of that part of the California workers' compensation insurance that is not written by the State Compensation Insurance Fund. If the insurance commissioner disapproves our rates, rating plans, or classifications, he or she may order an increase in the rates applicable to outstanding policies.
3. Rating organizations may develop pure premium rates that are subject to the insurance commissioner's approval. A pure premium rate reflects the anticipated cost and expenses of claims per \$100 of payroll for a given classification. Pure premium rates are advisory only, as we are not required to use the pure premium rates developed by any rating organization in establishing our own rates.
4. We must adhere to a single, uniform experience rating plan. If you are eligible for experience rating under the plan, we will be required to adjust your premium to reflect your claim history. A better claim history generally results in a lower experience rating modification; more claims, or more expensive claims, generally result in a higher experience rating modification. The uniform experience rating plan, which is developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner.
5. A standard classification system, developed by the insurance rating organization designated by the insurance commissioner, is subject to approval by the insurance commissioner. The standard classification system is a method of recognizing and separating policyholders into industry or occupational groups according to their similarities and/or differences. We can adopt and apply the standard classification system or develop and apply our own classification system, provided we can report the payroll, expenses, and other costs of claims in a way that is consistent with the uniform statistical plan or the standard classification system.
6. Our rates and classifications may not violate the Unruh Civil Rights Act or be unfairly discriminatory.
7. We will provide an appeal process for you to appeal the way we rate your insurance policy. The process requires us to respond to your written appeal within 30 days. If you are not satisfied with the result of your appeal, you may appeal our decision to the insurance commissioner.

CALIFORNIA WORKERS' COMPENSATION INSURANCE NOTICE OF NONRENEWAL

Section 11664 of the California Insurance Code requires us, in most instances, to provide you with a notice of nonrenewal. Except as specified in paragraphs 1 through 6 below, if we elect to nonrenew your policy, we are required to deliver or mail to you a written notice stating the reason or reasons for the nonrenewal of the policy. The notice is required to be sent to you no earlier than 120 days before the end of the policy period and no later than 30 days before the end of the policy period. If we fail to provide you the required notice, we are required to continue the coverage under the policy with no change in the premium rate until 60 days after we provide you with the required notice.

We are not required to provide you with a notice of nonrenewal in any of the following situations:

1. Your policy was transferred or renewed without a change in its terms or conditions or the rate on which the premium is based to another insurer or other insurers who are members of the same insurance group as us.
2. The policy was extended for 90 days or less and the required notice was given prior to the extension.
3. You obtained replacement coverage or agreed, in writing, within 60 days of the termination of the policy, to obtain that coverage.
4. The policy is for a period of no more than 60 days and you were notified at the time of issuance that it may not be renewed.
5. You requested a change in the terms or conditions or risks covered by the policy within 60 days prior to the end of the policy period.
6. We made a written offer to you to renew the policy at a premium rate increase of less than 25 percent.
 - (A) If the premium rate in your governing classification is to be increased 25 percent or greater and we intend to renew the policy, we shall provide a written notice of a renewal offer not less than 30 days prior to the policy renewal date. The governing classification shall be determined by the rules and regulations established in accordance with California Insurance Code 11750.3(c).
 - (B) For purposes of this Notice, "premium rate" means the cost of insurance per unit of exposure prior to the application of individual risk variations based on loss or expense considerations such as scheduled rating and experience rating.

This notice does not change the policy to which it is attached.



POLICYHOLDER NOTICE

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION (CIGA) SURCHARGE

Companies writing property and casualty insurance business in California are required to participate in the California Insurance Guarantee Association. If a company becomes insolvent, the California Insurance Guarantee Association settles unpaid claims and assesses each insurance company for its fair share.

California law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged, "CA Surcharge" or "CA Surcharge (CIGA Surcharge)" with an amount will be displayed on your premium notice.

This notice does not change the policy to which it is attached.



IMPORTANT NOTICE

COLORADO WORKERS' COMPENSATION INSURANCE MEDICAL AND INDEMNITY DEDUCTIBLE ELECTION FORM

Colorado Workers' Compensation Law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for medical and indemnity benefits only. There are nine "Per Claim" deductible options available. They are:

- () NONE
- () \$ 500
- () 1,000
- () 1,500
- () 2,000
- () 2,500
- () 5,000
- () 10,000
- () 13,500
- () 15,500
- () 16,000
- () 16,500
- () 17,000
- () 17,500
- () 18,000
- () 18,500

All medical and indemnity claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you have any questions, or desire one of these deductible amounts to apply to your coverage, please call your Agent for a quote. This offer is valid for thirty days after the effective date of the policy with which this notice is enclosed.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature

Return to
Issuing Office:
Address:



WORKERS' COMPENSATION DISCLOSURE FORM

IMPORTANT NOTICE TO POLICYHOLDERS

1. NOTICE OF CHANGE IN RATE BY CLASSIFICATION

If you desire information whenever there is a change in your workers' compensation insurance rate by classification, you must request such information from your insurer. This request for information must be in writing.

2. NOTICE OF POLICYHOLDER'S RIGHT TO APPEAL CLASSIFICATION

Your insurer can charge and collect any additional amount of money not included in the initial premium charged as a result of job misclassification.

If you have any questions regarding the employee classification assigned to calculate your workers' compensation insurance premium, you need to direct your questions to your insurer or the insurer's authorized representative within either thirty (30) days after the anniversary date of the policy or the date of receipt by you of notice of a change in job classification. Within thirty (30) days after receipt of your request for information, your insurer or the insurer's authorized representative must explain to you why a particular employee classification was used.

If you disagree with your insurer or the insurer's authorized representative on the employee classification assignment, you may appeal to the Workers' Compensation Classification Appeal Board by filing written notice with said board within thirty (30) days after you have exhausted all appeal review procedures provided by the insurer. Your request should be sent to the Secretary of the Colorado Workers' Compensation Classification Appeals Board, Michael Craddock, c/o National Council on Compensation Insurance, 901 Peninsula Corporate Circle, Boca Raton, FL 33487. Written instructions for your appearance before the Colorado Workers' Compensation Classification Appeals Board will be furnished by the Secretary of the board. The board will render a decision as to whether a misclassification has occurred.

A decision by the board is final and not subject to appeal unless you, the insurer or Pinnacol Assurance provides written notice of appeal within thirty (30) days after the board's decision to the office of the Commissioner of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202. The Commissioner shall review any decision of the board properly appealed.

3. NOTICE OF AVAILABILITY OF MEDICAL CASE MANAGEMENT SERVICES

On appropriate cases, staff Health Service Representatives (R.N.'s) or outside vendors are assigned for medical case management to insure quality medical care and rehabilitation at a reasonable cost. The use includes, but is not limited to, coordinating with qualified medical providers, monitoring the rehabilitation process and working with employers to return the injured party to their regular or a modified position.



IMPORTANT NOTICE

Please read carefully and retain for future reference.

To Workers' Compensation Policyholders - State of Connecticut

1. Under the Workers' Compensation Law you are required to make an immediate report in duplicate (Employer's Report of Injury), of all injuries occurring in the course of employment. An injury to be reported must:
 - A. Cause loss of time from regular work for one day or more, or
 - B. Require treatment beyond first aid, i.e. outside treatment by a physician.
 - C. Serious or fatal injuries should be reported to the carrier at once, by telephone.Failure of employer to make a prompt report, or to conform to any of the provisions of the Compensation Law may subject the employer to a \$250 fine for each such failure. **This fine is assessed directly against the employer, (Sec. 31-288).**
2. Under the Workers' Compensation Law, the insurance carrier on behalf of the employer must:
 - A. Pay any compensation due, **within ten days** (Sec. 31-303)
 - B. Contest the claim on or before the 20th day following the date of the employer's knowledge of the injury, (Sec. 31-297).
3. To avoid delay in paying benefits, the Employer's Report of Injury must accurately state the employee's earnings. To avoid overpayment, immediately notify the carrier when the employee returns to work.

The law specifies that notice to employer is notice to carrier. We, as the carrier, cannot act quickly and efficiently in your interest, unless prompt notice of an injury is received. Your cooperation is earnestly solicited.

NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM (Form 09-01A)

Name of Employer: _____

Date Program Implemented: _____

Testing:

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Job applicant | <input type="checkbox"/> Routine fitness for duty |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up testing to Employee Assistance Program |

Notice of Employer's Drug Testing Policy:

- | | |
|--|--|
| <input type="checkbox"/> Copy to all employees prior to testing | <input type="checkbox"/> Show notice of drug testing on vacancy announcements |
| <input type="checkbox"/> Posted on employer's premises | <input type="checkbox"/> Copies available in personnel office or other suitable locations |
| <input type="checkbox"/> Copy to job applicants prior to testing | <input type="checkbox"/> No notice required because the employer had a drug testing program in place prior to July 1, 1990 |
| <input type="checkbox"/> General notice given 60 days prior to testing | |

Education:

- | |
|--|
| <input type="checkbox"/> Resource file on providers |
| <input type="checkbox"/> Employee Assistance Program |
| <input type="checkbox"/> Education |

Name of Medical Review Officer: _____

- A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: _____
- B. Phone No.: () _____
- C. Address: _____

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and I attest to the accuracy of the information submitted.

_____ Employer Name	_____ Date	_____ Officer/Owner Signature*
		_____ Title

*Application must be signed by an officer or owner.



IMPORTANT NOTICE FOR FLORIDA POLICYHOLDERS

If you would like to present inquiries or obtain information about coverage or obtain assistance in resolving a complaint, please contact YOUR HARTFORD AGENT, or you may contact The Hartford at the number stated below.

SERVICING OFFICE:

THE HARTFORD
ONE HARTFORD PLAZA
HARTFORD CT 06155
(860) 547-5000

Written correspondence is preferable so that a record of your inquiry is maintained.

PLEASE BE SURE TO INCLUDE YOUR POLICY NUMBER IN ANY CORRESPONDENCE.



IMPORTANT NOTICE TO OUR POLICYHOLDERS

As required by Florida law, statute number 440.381, paragraph 4, you are required to file with your insurance carrier on a quarterly basis: UTC 6 and a current list of employees.

Failure to do so, could result in your policy being cancelled.

If you have any questions, please contact your Insurance Agent.



IMPORTANT NOTICE

STATE OF GEORGIA WORKERS' COMPENSATION REQUIREMENTS

Thank you for selecting The Hartford for your Workers' Compensation insurance. We are pleased to have you as one of the 1 million plus business owners who have selected The Hartford to help protect their businesses and their employees.

You are receiving this Notice to help you comply with requirements of Georgia's State Board of Workers' Compensation. Specifically, you are obligated to post a Physician Panel and Employee Bill of Rights in a conspicuous place. These required documents, explained below, immediately follow this Notice.

PHYSICIAN PANEL

This is a list of physicians from whom an injured worker must seek care if they are injured on the job. The providers on the Physician Panel are members of The Hartford's network of physicians in your area, all of whom specialize in treating work-related injuries. Treatment outside the Physician Panel is generally not a covered benefit.

At The Hartford we focus on an injured worker's abilities, and work to identify transitional duties to help keep your employee productive and involved. Even part-time work or a temporary assignment can provide motivation to the employee and productivity for you. In addition, when treatment is provided by a physician in our network, we're able to help control claim costs, which could save you money on future Workers' Compensation premiums.

If you prefer to create a custom panel of network physicians or have questions regarding the Physician Panel, please contact The Hartford at 800-327-3636, and select option 4.

EMPLOYEE BILL OF RIGHTS

This document details an employee's rights and your obligations if an employee is injured on the job.

Please post the Physician Panel and Employee Bill of Rights immediately and ensure employees are aware of their rights and obligations.

For over a century, The Hartford has set the standard for injured worker care. Thank you again for choosing The Hartford.



IMPORTANT NOTICE

HAWAII WORKERS' COMPENSATION INSURANCE MEDICAL DEDUCTIBLE ELECTION FORM

Hawaii Workers' Compensation Law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for medical benefits only and applies separately to bodily injury by accident or disease.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- () 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- () 2. I elect one of the following deductibles to be applied to medical benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

PREMIUM REDUCTION ALL HAZARD GROUPS

() \$ 0	0.0%	() \$ 1,500	2.1%
() \$ 100	0.2%	() \$ 2,000	2.7%
() \$ 150	0.3%	() \$ 2,500	3.1%
() \$ 200	0.4%	() \$ 3,000	3.5%
() \$ 250	0.5%	() \$ 3,500	3.9%
() \$ 300	0.6%	() \$ 4,000	4.2%
() \$ 400	0.8%	() \$ 4,500	4.5%
() \$ 500	0.9%	() \$ 5,000	4.8%
() \$ 750	1.3%	() \$ 7,500	6.2%
() \$ 1,000	1.6%	() \$ 10,000	7.2%

All medical claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature

Return to
Issuing Office:
Address:



MANAGING WORKERS' COMPENSATION COSTS IN ILLINOIS

Workers' compensation claim management directly impacts the treatment of your injured workers and may impact your company's insurance costs as well. Illinois provides employers and their insurance companies with an important tool to help manage an injured worker's recovery and related costs.

"Right to direct" rules allow an employer to direct an injured employee to a preferred provider organization for medical care. This helps ensure that injured workers can access network care for treatment whenever possible. Network doctors are experienced in treating workplace injuries and working with our claims handlers. They have also agreed to negotiated rates. This means that The Hartford can better coordinate appropriate, cost effective care for workplace injuries.

Set up a Preferred Provider Program

Ensuring the right to direct treatment

By following the steps below, an employer can designate use of the Illinois Preferred Provider Program (PPP) and require that injured workers seek treatment through PPP network providers. While employees can opt out of the program, participation in the PPP can be a great benefit to the outcome of the claim in terms of the employee's recovery, return to work and related costs.

1. Employer delivers the Advisory Preferred Provider Program Notice to all employees. This step is optional but recommended by The Hartford to help ensure program acceptance.
2. Employer provides Mandatory Preferred Provider Program Notice and Acknowledgement to injured worker immediately after an injury occurs.
3. We recommend that the employer create a provider list from the Online Provider Search Tool at <http://www.talispoint.com/htfd/external/> or by calling The Hartford's Network Referral Unit at **1-800-327-3636** and selecting **4** at the prompt.

The forms noted above and additional information on The Hartford's Illinois Preferred Provider Program can be found at www.thehartford.com/il-workers-compensation.

Focus on return to work

Another advantage of using network doctors is their experience with return to work. Return-to-work programs are designed to help get injured workers back on the job, even if they haven't fully recovered from an injury. This approach often involves finding transitional duties that suit an injured worker's limited physical capabilities. An effective return-to-work program can improve employee satisfaction and retention and potentially impact your cost of doing business. Employers play a vital role in facilitating return to work. If you don't already have a return-to-work program, consider starting one at your company.



IMPORTANT INFORMATION FOR ILLINOIS POLICYHOLDERS

IN THE EVENT THAT YOU NEED TO CONTACT SOMEONE ABOUT THIS POLICY, PLEASE CONTACT YOUR HARTFORD AGENT.

If you have additional questions, you may also contact The Hartford at the address stated below:

The Hartford
1120 S Tryon St. Suite 1000
Charlotte NC 28202
1-877-853-2582

Written correspondence is preferable so that a record of your inquiry is maintained.

PLEASE MAKE SURE TO INCLUDE YOUR POLICY NUMBER IN ANY CORRESPONDENCE.

If you have been unable to contact or obtain satisfaction from your agent or The Hartford, Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take the matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 122 S. Michigan Ave; 19th Floor, Chicago, Illinois 60603 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767. You may also contact the Department at [http:// insurance.illinois.gov](http://insurance.illinois.gov). or by phone at 312-814-2420 or 217-782-4515.



NOTIFICATION OF ACCIDENT PREVENTION SERVICES

THE HARTFORD is required by law to provide its policyholders with certain accident prevention services as required by K.S.A. 44-5, 104 at no additional cost. If you would like more information call:

The Hartford
Risk Engineering Department
7400 College Blvd., Suite 500
Overland Park, Kansas 66210
1-866-586-0467



TAX AND ASSESSMENT CHARGE KENTUCKY

The Kentucky Insurance Department does not consider taxes and assessments a part of Workers' Compensation Insurance Rates. The monies charged for taxes and assessments are not included as premium under the policy.

The company merely acts as a tax collector with respect to taxes and assessments and is required under the Workers' Compensation Law to collect and remit the taxes and assessments to the Kentucky Commissioner of Revenue.

For new and renewal policies effective January 1, 2024 and later, the tax and assessment rate is 6.53%. For employees engaged in the severance and processing of coal, the tax and assessment rate is 0.0% for new and renewal policies effective January 1, 2024 and later.



(Insurer's Name)

MARYLAND NOTICE OF RECALCULATED PREMIUM

Date of Notice:

Insured's ^{SUNPOWER CORPORATION}
Name:

Producer's
Name:

Insured's
Address:

Insurer/Producer's
Telephone #:

RE: Policy Number: 57 WV WQ0015
Effective Date: 04/01/2024

Dear

Thank you for choosing
to provide your Workers' Compensation policy.

(Name of Insurer)

Your binder or policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance §12-106 of the Insurance Article, Annotated Code of Maryland if
(Name of Insurer)

discovers a material risk factor during the underwriting period, the company may recalculate your premium from the effective date of the policy.

While reviewing your binder or policy, we discovered the following material risk factor or factors:

The material risk factor caused us to recalculate your premium for the following reason:

As a result, the premium on the policy was recalculated and has ☐ Increased ☐ Decreased.

The initial quoted premium amount was \$ _____

The new premium amount is \$ _____

If an additional premium amount is due, you will be billed as follows:

If your premium amount has decreased, your premium will be credited or refunded as follows:

By law (Name of Insurer)
must also inform you of your right to terminate the policy and receive a pro-rata refund of any premium paid by notifying us of the termination. For additional information regarding this notice of recalculated premium or to terminate the policy, please contact

(Name of Company or Producer)

at the contact information printed above.

Sincerely,

(Authorized Company Representative)



IMPORTANT NOTICE

MAINE WORKERS' COMPENSATION INSURANCE INDEMNITY AND MEDICAL DEDUCTIBLE ELECTION FORM

Maine Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for indemnity benefits or medical benefits. Indemnity deductibles apply separately to each claim and medical deductibles apply to each accident.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- () 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- () 2. I elect one of the following deductibles to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

			PREMIUM REDUCTION						
			Hazard Group						
			A	B	C	D	E	F	G
Indemnity	()	\$1,000	1.3%	1.1%	1.0%	0.9%	0.8%	0.7%	0.6%
	()	\$5,000	4.6%	4.2%	3.7%	3.4%	3.1%	2.7%	2.3%
Medical	()	\$ 250	2.7%	2.1%	1.6%	1.5%	1.0%	0.8%	0.6%
	()	\$ 500	4.5%	3.8%	3.0%	2.6%	1.8%	1.3%	1.2%

The \$500 medical deductible can only be chosen if you qualify for experience rating.

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature
Issuing Office		



IMPORTANT NOTICE

MAINE WORKERS' COMPENSATION INSURANCE INDEMNITY AND MEDICAL DEDUCTIBLE ELECTION FORM

Maine Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for indemnity benefits or medical benefits. Indemnity deductibles apply separately to each claim and medical deductibles apply to each accident.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- () 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- () 2. I elect one of the following deductibles to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

PREMIUM REDUCTION Hazard Group

			A	B	C	D	E	F	G
Indemnity	()	\$1,000	1.3%	1.1%	1.0%	0.9%	0.8%	0.7%	0.6%
	()	\$5,000	4.6%	4.1%	3.8%	3.5%	3.1%	2.8%	2.3%
Medical	()	\$ 250	2.6%	2.1%	1.7%	1.4%	0.9%	0.7%	0.6%
	()	\$ 500	4.5%	3.7%	2.9%	2.4%	1.8%	1.3%	1.1%

The \$500 medical deductible can only be chosen if you qualify for experience rating.

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature
Issuing Office		



NOTICE
MAINE SPECIAL DEPOSIT PREMIUM PROGRAM

Maine Revised Statutes, Title 39, Section 22-A provides that, No insurance company issuing industrial accident insurance policies shall require prepayment of premium more than one quarter year in advance.

Advise if an adjustment in method of premium payment is desired.

There will be a \$2.00 service charge for each additional installment resulting from an election by an insured to be billed pursuant to Maine Revised Statutes, Title 39, Section 22-A, subject to an annual maximum of \$6.



NOTICE TO POLICYHOLDER

Rates and Premiums

Your workers' compensation policy contains rates and classifications applicable to employees engaged in your type of business. If you have any questions regarding the rates or classifications used on your policy, you may contact your Agent or:

If you feel your concerns have not been resolved, you may submit a written request (to the address shown above) for information pertinent to the rates or classifications used on your policy.

The method used in determination of the rates and premium will be reviewed. If you are dissatisfied with the review, you may appeal the results to:

**Commissioner of Insurance
Michigan Insurance Bureau
Department of Licensing and Regulation
P.O. Box 30220
Lansing, Michigan 48909**

Payroll Audits

Your policy provides for one or more payroll audits. If you have reason to believe that you have experienced a change in payroll expenditures of 20% or more, you may submit a written request to the company at the address shown above indicating a 20% or greater change has occurred and the reason for that belief. A payroll audit will be conducted within 120 days of receipt of your written request. You are entitled to only one requested payroll audit per calendar year.

Reserves or Redemption

Redemption of claims and establishment of reserves to pay claims are common practices. If you have reason to believe that the premiums charged are excessive as a result of unreasonable reserves or unreasonable redemption of a claim, you may submit a written request for a meeting with a management representative to the company address shown above. If the meeting does not resolve the dispute, you are entitled to a determination of the dispute by the Insurance Commissioner. To obtain reserve and redemption information pertinent to the premiums charged on your policy, you may submit a written request to the company address shown above and the information will be provided within 30 days of receipt of your request.



NOTICE TO MICHIGAN POLICYHOLDERS

This policy or bond is exempt from the filing requirements of section 2236, 2401 and 2601 of the insurance code of 1956, 1956 PA 218, MCL 500.2236.



IMPORTANT INFORMATION FOR MISSOURI POLICYHOLDERS

IN THE EVENT YOU NEED TO CONTACT SOMEONE ABOUT THIS POLICY, PLEASE CONTACT YOUR HARTFORD AGENT.

If you have additional questions, you may contact The Hartford at the address stated below.

SERVICING OFFICE:

ONE HARTFORD PLAZA
TOWER BUILDING 11TH FLOOR
MAILSTOP T-11-257
HARTFORD, CT 06155

57 WV WQ0015

Written correspondence is preferable so that a record of your inquiry is maintained.

PLEASE MAKE SURE TO INCLUDE YOUR POLICY NUMBER IN ANY CORRESPONDENCE.



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ _____ , and does not include any charges for the portion of losses covered by the United States government under the Act.

Name of Insurer: _____

Policy Number: 57 WV WQ0015



IMPORTANT NOTICE

NEBRASKA WORKERS' COMPENSATION INSURANCE MEDICAL BENEFITS DEDUCTIBLE ELECTION FORM

Nebraska Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for medical benefits and applies separately to each claim.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- () 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- () 2. I elect one of the following deductibles to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

PREMIUM REDUCTION HAZARD GROUP

		A	B	C	D	E	F	G
()	\$ 500	3.6%	2.9%	2.2%	1.7%	1.3%	0.9%	0.8%
()	\$1,000	5.8%	4.6%	3.7%	2.9%	2.2%	1.5%	1.3%
()	\$1,500	7.4%	6.0%	4.9%	3.7%	2.9%	2.1%	1.8%
()	\$2,000	8.6%	7.1%	5.8%	4.5%	3.5%	2.5%	2.2%
()	\$2,500	9.7%	8.0%	6.6%	5.1%	4.1%	3.0%	2.6%

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature

Return to
 Issuing Office:
 Address:



NEVADA NOTICE TO POLICYHOLDERS

In accordance with Chapter 680B of the Nevada Revised Statutes, each renewal must include information on taxes, fees, and assessments included in the premium you are required to pay.

A portion of the premium for this policy is attributable to the general premium tax we are required to pay to the State of Nevada pursuant to Section 680B.027 of the Nevada Revised Statutes.

A portion of the premium for this policy is also attributable to annual fees or assessments we are required to pay to the State of Nevada.



NOTICE TO EMPLOYERS

The Construction Employment Payroll Limitation Law, enacted under Senate Bill S7744 and Assembly Bill A11294, provides a more equitable distribution of premium between high wage paying and low wage paying employers in the construction industry. One or more of the classification codes applicable to your policy may be subject to the Payroll Limitation Law. The Law does not, however, apply to employments engaged in the construction of one or two family residential housing.

Your overall premium may increase or decrease depending upon geographic territories and/or payroll limitations. The actual weekly payroll of each employee performing employments subject to an eligible classification code is subject to the following limitations:

- o a maximum of \$1,594.57 per week for policies with effective dates on and after July 1, 2021.
- o a maximum of \$1,688.19 per week for policies with effective dates on and after July 1, 2022.
- o a maximum of \$1,718.15 per week for policies with effective dates on and after July 1, 2023.

The construction employment geographic territories are:

Territory 1 - Counties of The Bronx, Kings, New York, Queens, and Richmond

Territory 2 - Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester

Territory 3 - All other counties within the State

Please note that since your operations may be subject to the law, an employer with an eligible classification code is required to maintain true and accurate weekly records for each employee that shows:

1. Each employee's total weekly wages and hours worked;
2. The type of work performed;
3. The geographic territory in which the work was performed; and,
4. Whether or not the work was performed on commercial structures or on one/two family residential housing.

If you have any questions regarding this law, please contact your agent, broker or insurance carrier underwriter.



NOTIFICATION OF ACCIDENT PREVENTION SERVICES

SUNPOWER CORPORATION

_____ is required to provide policyholders

(name of company)

with workplace safety services. If you would like more information, call:

The Hartford
Risk Engineering Department
300 Internet Boulevard
Frisco, TX 75034
1-866-586-0467



AN IMPORTANT NOTICE TO WORKERS' COMPENSATION POLICYHOLDERS

The control of workplace accidents and injuries should be among the highest priorities of your firm. Each accident wastes precious human and financial resources, and introduces inefficiencies into your operations. From a practical standpoint, the control of accidents, and their inevitable costs, simply makes good business sense. An effective loss prevention/risk engineering program can save you money and aggravation, can positively impact your loss experience (and thus your premium), and most importantly, can help you maintain solid control of your operations. As a service to you, our valued customer, the Risk Engineering Department of The Hartford can assist you in establishing time-proven and cost effective loss prevention and risk engineering strategies. This folder outlines many of the services available to you, and provides a mechanism for you to request them. If you would like additional information or assistance, please complete and return the reply portion to us; or, contact your independent agent.

A WORD ABOUT OREGON-OSHA

As an Oregon employer you are required by the Oregon Safe Employment Act (ORS 654.001 to 654.295 and 654.991) to provide employees with a safe and healthful workplace. By working to prevent injuries, illnesses and other economic losses, your company and employees can prosper.

INSURER SAFETY PROGRAMS

To help you reduce your premium, your workers' compensation insurer must help you reduce the risk of injuries in your workplace. It is required by law to offer occupational safety and health loss prevention services to you, **at no additional cost**. These include on-site safety and health surveys when you request them.

On an annual basis your insurer is required to:

- o Inform you about its occupational health and safety loss prevention programs;
- o Offer to provide an on-site evaluation of your loss prevention needs;
- o Provide assistance in evaluating records that may be pertinent to your firm's injury and illness experience;

- o Explain the Oregon Safe Employment Act and rules that apply to your particular place of employment;
- o Provide an evaluation of workplace design, layout and operation, and assistance with job-site modifications utilizing an ergonomic approach;
- o Provide assistance in evaluation and improving an employer's safety management practices;
- o Provide assistance in identifying health and safety training needs and available resources; and
- o Offer to provide follow-up services for evaluating the effectiveness of the service provided.

The Hartford will provide free of charge an on-site evaluation of your loss prevention needs. To avail yourself of this service, or any other risk engineering needs you may have, contact The Hartford by writing to:

The Hartford
Risk Engineering
One Hartford Plaza
Hartford, CT 06155
Mail Drop: Cogswell - 1st floor
e-mail: riskengineering@thehartford.com
or by calling 866-586-0467

You have the right to make a complaint to the OR-OSHA Division if we fail to respond to your request for loss prevention services, or we otherwise fail to provide services as offered or required. You may contact Oregon-OSHA, Insurer Programs, 16760 SW Upper Boones Ferry Road, Suite 200, Tigard, OR 97224, or (503) 229-5910.

Your insurer must also provide you with a health and safety loss prevention plan if you have been placed in the "designated employer" category by OR-OSHA. These plans are designed to help you develop a safer and healthier workplace. For further information, contact OR-OSHA's Insurer Program Coordinator at (503) 229-5910.

AN IMPORTANT NOTICE TO WORKERS' COMPENSATION POLICYHOLDERS

PROTECT YOURSELF

To protect yourself as a workers' compensation insurance consumer, take these steps:

- o **Shop around for your insurance. Compare costs:** Although the base premium is the same, the overhead charged by insurers ranges from 15 percent to over 50 percent. Also, look beyond costs. Find out what type of assistance the insurer will give if one of your workers is injured. Does the insurer have a good customer service record?
- o **Look at all the factors that make up your rates and premium.** Periodically review all details of your policy, including classifications assigned your employees, payroll to be used, claims, reserves, audits and billings. If you believe your insurer is wrong, check with your agent, NCCI, or the Department of Consumer and Business Services, and, if necessary, appeal the insurer's action.
- o **Support "fair reporting" for equitable rates.** The information used to determine your merit or experience rating and classification rate revisions originates with you and your business competitors. Therefore, it is important to promote full, proper reporting of payrolls.
- o **Inquire about preferred group programs.** Many insurers offer reduced group pricing to members of trade associations. Ask your insurer and trade association about this type of program. Many smaller employers receive substantial benefits from these programs, such as lower mass-marketed pricing and outstanding safety engineering and loss prevention services.
- o **Ask your insurer about medical cost reimbursement.** Employers can reimburse up to \$2400 of medical service provider costs on nondisabling claims. These costs are not charged to the employer's experience. Ask your insurer or agent to explain the program and how it could affect your rates.

HOW DO I GET HELP?

Contact your insurance agent or representative with any questions you have about choosing policies, interpreting your policy, and getting help to make your workplace safer. If it is necessary to go beyond your agent, contact your insurance company directly.

If your insurer does not provide the information or assistance you need, several organizations are available to help you.

For questions on occupational safety and health, contact:

Oregon Occupational Safety and Health Division

Department of Consumer and Business Services
350 Winter Street NE, Room 430
Salem, OR 97309-0405
(503) 378-3272 or toll free at 1-800-922-2689

For questions on your policy or pricing, contact:

Division of Financial Regulation

Department of Consumer and Business Services
350 Winter Street
Salem, OR 97301-3883
(503) 947-7984

For questions on the rating system, contact:

The National Council on Compensation Insurance

1 Lincoln Center
10300 SW Greenburg Road, Suite 550
Portland, OR 97223
(503) 892-8919 or toll free at 1-800-622-4123

An Introduction to Workers Compensation: Background for Oregon Employers

Introduction

In accordance with the intent of the Oregon law, this booklet was prepared for voluntary distribution to Oregon employers by the insurance industry. In it, you will find answers to basic questions about workers compensation insurance.

National Council on Compensation Insurance (NCCI)

The National Council on Compensation Insurance is a voluntary, non-profit, statistical, research and ratemaking organization licensed under Oregon Revised Statutes 737.350. Supported by the insurance industry, NCCI's primary functions are the preparation and administration of rates, rating plans, and systems for workers compensation insurance. In Oregon, NCCI prepares a schedule of rates for insureds in the assigned risk plan, subject to insurance department approval, and acts in an advisory capacity for insurers writing the remainder of the business in the state.

As the rating organization, it is NCCI's obligation to collect payroll and loss information, by individual classification, for each workers compensation insurance policy in the state of Oregon. In addition, the rating organization will perform inspections at employer's premises to determine the proper classifications, perform test audits, promulgate experience and rating modifications, and administer the Workers Compensation Insurance Plan (WCIP) for those employers unable to obtain coverage voluntarily.

Workers Compensation Rates

NCCI uses the collected payroll and loss data to actuarially determine that portion of each individual classification rate necessary to pay the losses. This amount is called the pure premium. Oregon insurers may use the pure premiums determined by NCCI, or may derive their own pure premium when preparing their rates. Each carrier applies its own "factor" to provide for the additional costs of taxes, licenses, fees, acquisition and field supervision, and other company expenses. This "factored" rate is the amount charged per \$100 of payroll.

Classifications

There are approximately 500 different workers compensation classifications, each of which individually describes a particular occupation. Generally, each employer will be entitled to the ONE basic classification which most accurately describes its operations. In addition, when that one basic classification does not specifically include one of the "Standard Exception" classifications (Clerical, Outside Salespersons, or Drivers), each employer

may also be entitled to three additional classifications: Code 7380 - Drivers, Chauffeurs & Helpers; Code 8742 - Salespersons, Collectors or Messengers - Outside; and Code 8810 - Clerical Office Employees. Your insurance carrier will advise you of the classifications applicable to your operations.

However, when an employer is engaged in Construction, Erection, Stevedoring, Aircraft Operations (Industrial Aid), or Trucking as a secondary business, additional classifications may be assigned. Again, your carrier will counsel you on the classifications applicable to your operations.

Division of Individual Employee's Payroll

When any employee performs different duties which, if performed by a different workers, would qualify for a different classification assignment, you may divide that person's payroll between two or more classifications, PROVIDED separate verifiable payroll records are adequately maintained. When verifiable payroll records are not maintained, that individual's payroll must be assigned to the highest-rated classification for any of the duties performed.

Verifiable Records

Payroll records of an employee are verifiable if they have the following characteristics: (a) The records must establish a time basis, and the time basis must be hourly or a part thereof, daily or part thereof, weekly or part thereof, monthly or part thereof or yearly or part thereof; (b) For each salaried employee, the records must also include time records in which the salary is converted to an hourly, daily, weekly, monthly or yearly rate and then multiplied by the time spent by the employee in each classification exposure; (c) The records must include a description of duties performed by the employee, to enable the insurer to determine the correct classification assignment. Records requiring additional explanation or interpretation are not considered to be verifiable; and (d) The records must be supported by original entries from other records, including but not limited to time cards, calendars, planners or daily logs prepared by the employee or the employee's direct supervisor or manager. Estimated ratios or percentages of time spent performing the different duties are not acceptable for verification. Verifiable duties are not acceptable for verification. Verifiable records must be summarized in the employer's accounting records.

Remuneration - Payroll

'Payroll' means the TOTAL remuneration paid or payable by the employer for the services of the employees covered by the policy. Payroll INCLUDES commissions, anticipated bonuses, straight hourly wages for all hours worked, holiday pay, sick pay, piecework pay, tool allowances, value of living quarters

provided by the employer, value of meals provided, value of store certificates or merchandise provided, and credits or any other substitute for money received by employees. Payroll does NOT INCLUDE profit-sharing amounts, unanticipated bonuses, vacation pay, tips or other gratuities received by employees from others, payments by the employer to group insurance or group pension plans, value of special rewards for individual invention or discovery, the value of a company-provided vehicle which is used in the employer's business, or dismissal or severance payments except for the pay earned for the time worked. It also excludes payments from a program to reward workers for safe working practices.

Subcontractors

When you subcontract a portion (or all) of your work to others and retain the right to exercise any direction and control (regardless of whether that right is exercised), you will be expected to pay the premiums for that subcontracted payroll UNLESS the subcontractor has its own workers compensation insurance coverage. In order to avoid the payment of premium for your subcontractors, you should obtain a CERTIFICATE OF INSURANCE from each subcontractor. At the time of audit, your insurance carrier will ask for any certificates of insurance and will exclude the subcontractor's payroll when the certificate is available.

Experience Rating

When any employer's initial policy develops an annual premium in excess of \$5,000 the employer will qualify for experience rating at the beginning of the THIRD year and annually thereafter. When the employer develops premium in excess of \$2,500 (but less than \$5,000), they will qualify for an experience rating modification at the beginning of the FOURTH year. These qualifying premium amounts are subject to change.

Essentially, the Experience Rating Program will use your company's payroll, by individual classification, to determine the AVERAGE amount of losses expected to emerge from that payroll. It will then compare those EXPECTED LOSSES to the ACTUAL LOSSES which were paid and/or reserved for any injuries occurring during the period covered by the data used in the annual experience rating process. When your company has BETTER than average experience, the experience modification will result in a CREDIT (reduction in your final premium), but if your experience is WORSE than average, a DEBIT (surcharge) will apply.

Merit Rating

When an employer is too small to qualify for experience rating, a MERIT RATING program will apply. In general, this program will: a) reduce your final premium if there were no payments for "lost-time" injuries during the most recent year for which data has been compiled;

b) will not affect your premium when there was only ONE lost-time injury; and c) will surcharge your premium when there are two or more lost-time injuries. Oregon law provides that, with the approval of regulatory authorities, insurance carriers may use their own customized merit rating plan. Maximum credits or surcharges are 10 percent. Check with your insurance carrier or agent for specific information about merit rating plans in effect in Oregon.

Federal Coverages

While most employees will be subject to only the Oregon Workers Compensation Act, others MAY be subject to the Admiralty Act (for masters or members of a vessel), to the Federal Employers Liability Act (railroads engaged in interstate commerce), or the Longshore and Harborworkers Compensation Act (for stevedoring operations, building or repairing of vessels, new construction work in connection with marinas, etc.). However, the determination of exposures under any of the Federal Acts is a legal question which should be discussed with your insurance carrier or agent.

Final Premium

When you obtain a policy from your insurance carrier, the premium will be ESTIMATED from the description of work and payroll information supplied by you. Your insurance carrier may either make interim audits or audit your account when your policy has expired. At that time, your final premium will be based upon the ACTUAL payrolls.

Oregon Classification and Rating Committee

A Committee, composed of members well-versed in workers compensation insurance matters, meets periodically to hear the grievances of employers who feel they have been treated improperly in the assignment of classifications, payroll assignments, or experience ratings. (Since the "rate" is an actuarial product which has been reviewed by the Insurance Department prior to approval for use, the appeal may NOT be based upon the rate for an individual classification.) Should you feel you have been aggrieved, you may direct your specific allegations to NCCI - Northwestern Service Office, One S.W. Columbia (Suite 850), Portland, OR 97258 or contact your carrier for further information.

Conclusion

The above information has been designed to provide you with a broad overview of the Oregon Workers Compensation Insurance system. Should you have further questions, please contact your carrier or NCCI - Northwestern Services office at the address indicated above.



PENNSYLVANIA WORKERS' COMPENSATION REFORM

Act 57 of the Pennsylvania law lengthens the period of time during which you may require an injured employee to seek treatment from a health care provider designated by the employer. Effective August 23, 1996, the period was lengthened from 30 days to 90 days after the date of the first visit to a designated health care provider.

Under the terms of the law, you MAY NOT DIRECT an injured worker to a health care provider during such 90 day period UNLESS first obtaining written acknowledgment from the employee indicating that the employee has been informed of and understands his or her rights and obligations under the provisions of section 306 (F.1)(1)(1) of the Workers' Compensation Act. If you fail to obtain such written acknowledgment, an injured employee is entitled to treatment from a medical care provider of his or her choice. The Hartford will be responsible for paying the cost of such treatment. However, because such treatment will be more expensive, you should be advised that it could adversely impact your future insurance cost.

Attached is a sample of a FORM WHICH WE ENCOURAGE YOU TO USE to inform employees of their rights and obligations under the law and which can be used to obtain their written acknowledgment of such rights and responsibilities.

IF YOU HAVE NOT ESTABLISHED A PANEL OF PHYSICIANS, WE CAN BE OF ASSISTANCE. The Hartford currently utilizes FIRST HEALTH as their medical network for the state of Pennsylvania. FIRST HEALTH is one of the nation's largest preferred provider organizations offering a network of Workers' Compensation focused providers and comprehensive array of services, industrial medical clinics and work hardening centers. You may contact The Hartford's Network Referral Unit directly at 1-800-327-3636, option 4, to obtain a list of treating physicians.

We appreciate your cooperation and encourage you to utilize our Hartford LossConnect reporting system. (1-800-327-3636) to report your losses with 24 hours.



IMPORTANT NOTICE

THE TENNESSEE STATE WORKER'S COMPENSATION LAW REQUIRES THAT COMPENSATION BE PAID WITHIN FIFTEEN (15) CALENDAR DAYS AFTER THE EMPLOYER HAS KNOWLEDGE OF ANY DISABILITY OR DEATH.

In deciding whether a benefit is unpaid or untimely paid, compensation shall be deemed promptly paid if the first payment is made fifteen (15) calendar days after the employer has knowledge of the injury and every subsequent payment is made within consecutive fifteen (15) calendar day increments, until all temporary benefits have been paid. A benefit is paid on the date the employer or insurer places the benefits into the mail for delivery to the injured employee. After twenty (20) calendar days from the date of the employer's knowledge of any disability that would qualify for benefits, a penalty, which is subject to change but is currently twenty-five percent (25%), will attach to all payments unpaid or untimely paid.

IMMEDIATE REPORTING OF ALL INJURIES CAN SAVE YOU MONEY ON YOUR INSURANCE COSTS.



TEXAS ACCIDENT PREVENTION SERVICES

Pursuant to Texas Labor Code §411.066, The Hartford is required to notify its policyholders that accident prevention services are available from The Hartford at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene and industrial health services.

The Hartford is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022.

If you would like more information, contact The Hartford at 1-866-586-0467 and email contactriskengineering@thehartford.com for accident prevention services or 1-877-952-9222 and email CentralClaimCenter.WCEDM@thehartford.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at 1-512-804-5000.

If The Hartford fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 12050, Austin, TX 78711.



IMPORTANT NOTICE

Need Information, Have a complaint, or need help?

If you need information, have a problem with a claim, or your premium, contact your agent who is listed on the Declarations/Information Page of your policy, or on your binder or certificate of insurance first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal with your agent or The Hartford. If you don't, you may lose your right to appeal.

To get information or file a complaint with The Hartford:

Call: **1-877-853-2582**

Online: <https://www.thehartford.com>

Email: agency.services@thehartford.com

Mail: The Hartford

Business Service Center

3600 Wiseman Blvd.

San Antonio, TX 78251

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: **1-800-252-3439**

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance

P.O. Box 12030

Austin, TX 78711-2030

For problems with your policy

If your problem with the premium is not resolved, contact the National Council on Compensation Insurance, Dispute Resolution Services:

Call: **1-800-622-4123**

Email: regulatoryoperations@ncci.com

Fax: 1-561-893-5043

Mail: 901 Peninsula Corporate Circle

Boca Raton, FL 33487-1362

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the insurance policy.



AVISO IMPORTANTE

¿Necesita información, Tiene una queja o necesita ayuda?

Si necesita información, tiene un problema con un reclamo o su prima de seguro, llame primero a su agente quien esta en la lista en la Página de Declaraciones/Información de su póliza, o en su carpeta de seguro o certificado de seguro. Si no puede resolver el problema, el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) puede ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja o apelación ante su agente o The Hartford. Si no lo hace, podría perder su derecho para apelar.

Para obtener información o para presentar una queja ante The Hartford:

Llame a: **1-877-853-2582**

En línea: <https://www.thehartford.com>

Correo electrónico: agency.services@thehartford.com

Dirección postal: The Hartford

Business Service Center

3600 Wiseman Blvd.

San Antonio, TX 78251

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros, conocer sus derechos o para presentar una queja ante el estado:

1-800-252-3439 (LLame con sus preguntas)

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance

P.O. Box 12030

Austin, TX 78711-2030

Para problemas con su póliza

Si su problema con la prima de seguro no es resuelto, comuníquese con el Consejo Nacional de Seguros de Compensación (National Council on Compensation Insurance, por su nombre en inglés), Servicios para la Resolución de Disputas:

Teléfono: 1-800-622-4123

Correo electrónico: regulatoryoperations@ncci.com

Fax: 1-561-893-5043

Correo postal: 901 Peninsula Corporate Circle

Boca Raton, FL 33487-1362

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solo para información y no se convierte en parte o condición de la póliza de seguro.



IMPORTANT NOTICE

VERMONT BENEFITS DEDUCTIBLE ELECTION FORM

Vermont Workers' Compensation law permits an employer to purchase workers' compensation insurance with a deductible. The deductible is for medical and indemnity benefits only.

Please check the option which you have elected and return this form to the company prior to the effective date of your coverage.

- () 1. I reject any deductible option and elect that the company pay all benefits due under my policy.
- () 2. I elect the following deductible to be applied to benefits under my workers' compensation insurance policy and each subsequent renewal. The premium reduction to be applied is shown below.

PREMIUM REDUCTION HAZARD GROUP

	A	B	C	D	E	F	G
\$500	2.7%	2.4%	1.8%	1.6%	1.1%	0.9%	0.6%

All claims shall be paid by the company. In such case, the law requires that you reimburse the company for any deductible amounts so paid.

If you do not return this form promptly to the company, it will be construed to mean that we should pay in full all benefits due under your policy with no contribution on your part.

If you have any questions, please call your Agent.

Policy Number 57 WV WQ0015		
Employer Name	Date	Signature and Title
Agent Name	Date	Signature

Return to
Issuing Office:
Address:



IMPORTANT MESSAGE TO WORKERS' COMPENSATION POLICYHOLDERS IN WEST VIRGINIA

When notified of a work related injury, please complete the WC-2 form (West Virginia Workers' Compensation Employer's Report of Occupational Injury or Disease) and contact The Hartford Loss Connect Service to report the claim. Prompt reporting allows The Hartford to properly investigate and manage your claim, and make all State filings on your behalf.

In addition, please provide form WC-1 (West Virginia Workers' Compensation Employee's and Physicians' Report of Occupational Injury or Disease) to the injured employee for completion, with instruction to present to the Initial Healthcare Provider. A copy of this form should be sent to The Hartford Claim Office.

When notified of a work related inhalation exposure, please provide form OIC-WC-10P (West Virginia Workers' Compensation Employees' Report of Occupational Pneumoconiosis) to the injured employee for completion. A copy of the form should be sent to The Hartford Claim Office.

All State forms may be accessed from the State of West Virginia's Offices of The Insurance Commissioner. The forms can be accessed via the State's website: www.wvinsurance.gov or by phone at 304-558-3386 or Toll Free 1-888-TRY-WVIC (1-888-879-9842).

Forms with Brickstreet Insurance information or letterhead should not be used when filing claims with The Hartford. Use of these forms may create delays in State reporting, benefit payments, and other claim management activity.

Please contact *The Hartford Loss Connect Service* @ 1-800-327-3636 to file your workers' compensation claims.

INSURER: ☒ Hartford Accident and Indemnity Company
☐ Hartford Casualty Insurance Company
☐ Hartford Fire Insurance Company
☐ Hartford Underwriters Insurance Company
☐ Twin City Fire Insurance Company

☐ 10448 Hartford Insurance Company of Illinois
☐ 14397 Hartford Insurance Company of the Midwest
☐ 13269 Hartford Insurance Company of the Southeast
☐ 10456
☐ 14974

20613 (Co. Use Only)
 20605 Best L R R P R
 20621 Ind Cof CFI
 01

ADDRESS: HARTFORD, CT 06155



POLICY NO. 57 WV WQ0015
Previous Policy No. 57 WV WQ0015

SUFFIX
 LARS Renewal
 08
Co. Code
 5

Items

1. Named Insured and Mailing Address
 (No., Street, Town, County, State)

Individual ☐ Corporation ☒
 Partnership ☐ Other -----

SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Other workplaces not shown above:

2. The Policy Period is from 04/01/2024 **to** 04/01/2025

12:01 A.M., standard time at the insured's mailing address

Producer's Name **Producer's Code**
 MARSH RISK & INSURANCE SERVICE
 4 EMBARCADERO CTR
 SUITE 1100
 SAN FRANCISCO, CA 94111

Issuing Regional Office

THE HARTFORD
 ONE HARTFORD PLAZA
 HARTFORD, CT 06155

3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

AR, AZ, CA, CO, CT, DC, FL, GA, HI, IA, IL, IN, KS, KY, LA, MD, ME, MI,
 MO, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, TN, TX, UT, VA,
 VT, WV

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

The Limits of our Liability under Part Two are: **Bodily Injury by Accident** \$ [REDACTED] **Each accident**
Bodily Injury by Disease \$ [REDACTED] **Policy Limit**
Bodily Injury by Disease \$ [REDACTED] **each employee**

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING
 AND ANY STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE

D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDS

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				\$ [REDACTED]
TERRORISM	9740			\$ [REDACTED]
CATASTROPHE	9741			\$ [REDACTED]
RI UIN [REDACTED]				
NJ TIN [REDACTED]				
HI UIN [REDACTED]				
MINIMUM PREMIUM				\$ [REDACTED]
FEIN NO. [REDACTED]				

Interstate/Intrastate ID No. [REDACTED]

NAICS: [REDACTED]

Minimum Premium: \$ [REDACTED] NC

Total Estimated Annual Premium \$ [REDACTED]
Deposit Premium \$ [REDACTED]

Audit Period: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

05/02/2024

Countersigned by

[Signature]



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational

disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury.

You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.

2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last

exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;

5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, dis-crimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Noappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944) any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as

though that state were listed in Item 3.A. of the Information Page.

3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the

Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis.

This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and

2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obligated to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number A

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CLASS SUMMARY CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
SALESMEN (OUTSIDE)	0951			
CLERICAL OFFICE EMPLOYEES	0953			
ELECTRICAL APPARATUS MFG NOC	3179			
ELECTRICAL APPARATUS				
INSTALLATION & DRIVERS	3724			
ELECTRICAL APPARATUS				
INSTALLATION OR REPAIR & DRIVERS	3724			
GAS BENCH AND RETORT				
INSTALLATION & DRIVERS	3724			
MILLWRIGHT WORK-NOC ERECTION OR REPAIR OF MACHINERY	3724			
MILLWRIGHT WORK NOC-OUTSIDE & DRIVERS	3724			
INTEGRATED CIRCUITS & SEMICONDUCTOR WAFER MFG	4112			

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number A

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CLASS SUMMARY CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
CONTRACTOR - EXECUTIVE SUPERVISOR	5606			
CONTRACTOR - EXECUTIVE SUPERVISOR				
OR CONSTRUCTION SUPERINTENDENT	5606			
CONTRACTOR - PROJECT MANAGER,				
CONSTRUCTION EXECUTIVE, CONSTR	5606			
CONTRACTOR EXECUTIVE SUPERVISOR	5606			
CONTRACTORS-CONSTRUCTION OR				
ERECTION-EXECUTIVE SUPERVISORS	5606			
STORE:HARDWARE -WHOLESALE -& DRIVERS	8107			
FARM MACHINERY - LEASING OR				
REFINING WITHOUT OPERATORS & DRIVERS	8116			
FARM MACHINERY DEALERS OR				
REPAIR FACILITIES - SHOP OR OUTSIDE	8116			
SALESMEN OUTSIDE	8742			
SALESPERSON, COLLECTORS, OR				
MESSENGERS - OUTSIDE	8742			

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number A

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CLASS SUMMARY CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
SALESPERSONS OR COLLECTORS - OUTSIDE	8742			
SALESPERSONS, COLLECTORS OR				
MESSENGERS - OUTSIDE	8742			
SALESPERSONS, COLLECTORS, OR				
MESSENGERS - OUTSIDE	8742			
SALESPERSONS, OR COLLECTORS - OUTSIDE	8742			
EXECUTIVE OFFICERS NOC	8809			
EXECUTIVE OFFICERS NOC -				
PERFORMING CLERICAL OR OUTSIDE SALES	8809			
CLERICAL OFFICE EMPLOYEES	8810			
CLERICAL OFFICE EMPLOYEES NOC	8810			
CLERICAL OFFICE EMPLOYEES-N O C	8810			
STOP GAP	9139			

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 1

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications ARKANSAS CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.08	
COMPOSITE RATE: .01573				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .008

CATASTROPHE (9741) .02

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 1

RICHMOND, CA 94804

Classifications ARKANSAS	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
6	Hartford Underwriters Insurance Company, 06-1222527, 10456

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 2

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications ARIZONA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		2.24	
	5606		.54	
	8742		.14	
	8810		.07	
COMPOSITE RATE: .10303				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .01

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
P	Property/Casualty Ins. Co. of Hftd., 06-1276326, 30147

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 3

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CALIFORNIA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		6.02	
	4112		.49	
	5606		1.02	
	8116		3.51	
	8742		.44	
	8810		.32	
COMPOSITE RATE: .30907				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM
CA TERRITORIAL DIFFERENTIAL PREMIUM (9686) PERCENT
WAIVER OF SUBROGATION (0930) 2 PERCENT
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION
INTRASTATE EXPERIENCE MOD #5705037 (9898) .81 (ACTUAL)
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.
MANAGED CARE CREDIT (9722) 10 PERCENT
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM
LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)
LARGE DEDUCTIBLE COVERAGE PREMIUM
TERRORISM (9740) .02
CA USER FUNDING ASSESSMENT 2.4604 PERCENT

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
P	Property/Casualty Ins. Co. of Hftd., 06-1276326, 30147

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 4

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications COLORADO	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		2.31	
	8742		.18	
	8810		.09	
COMPOSITE RATE: .01762				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
K	Nutmeg Insurance Company, 06-1032405, 21261

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 5

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CONNECTICUT CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		3.57	
	5606		.97	
	8810		.08	
COMPOSITE RATE: .26432				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .025

CATASTROPHE (9741) .01

CT 2ND INJURY FUND 2.25 PERCENT

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
K	Nutmeg Insurance Company, 06-1032405, 21261

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 5

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION 880 HARBOUR WAY SOUTH
SUITE 600 RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CONNECTICUT	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

CT ASSESSMENT FUND 2.3 PERCENT
TOTAL ESTIMATED ANNUAL PREMIUM

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 6

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications DC CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.04	
COMPOSITE RATE: .01267				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .07

CATASTROPHE (9741) .01

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 6

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications DC	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

DC SPECIAL COMPENSATION FUND 0 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

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Co. Cd.	Insurer
7	Twin City Fire Insurance Company, 06-0732738, 14974

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 7

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications FLORIDA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		2.88	
	5606		.83	
	8742		.25	
	8810		.13	
COMPOSITE RATE: .20543				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .01

FL FWCIGA SURCHARGE 0 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 8

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications GEORGIA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.15	
COMPOSITE RATE: .03283				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .005

CATASTROPHE (9741) .02

GA INSURERS INSOLVENCY POOL SURCHARGE 0 PERCENT

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 8

RICHMOND, CA 94804

Classifications GEORGIA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

11/1/2004

Co. Cd.	Insurer
6	Hartford Underwriters Insurance Company, 06-1222527, 10456

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 9

Named Insured and Mailing Address of operations covered by this schedule.

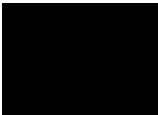
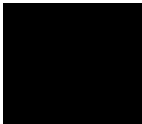
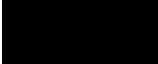
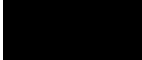
SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications HAWAII CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8742		.74	
	8810		.38	
COMPOSITE RATE: .04752				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .015

CATASTROPHE (9741) .01

HAWAII INSOLVENCY ASSESSMENT (HIGA) 0 PERCENT

Issue date 05/02/2024

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 9

RICHMOND, CA 94804

Classifications HAWAII	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

Issue date 05/02/2024
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Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 10

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications IOWA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.14	
COMPOSITE RATE: .02298				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .01

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
K	Nutmeg Insurance Company, 06-1032405, 21261

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 11

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications ILLINOIS CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		3.46	
	5606		1.11	
	8116		1.80	
	8742		.17	
	8810		.06	
COMPOSITE RATE: .18907				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .025

CATASTROPHE (9741) .01

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
K	Nutmeg Insurance Company, 06-1032405, 21261

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 11

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

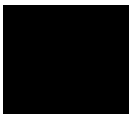
RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications ILLINOIS	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

IL INDUSTRIAL COMMISSION SURCHARGE 1.01 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM



Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 12

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications INDIANA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		1.32	
	8810		.07	
COMPOSITE RATE: .01888				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .005

CATASTROPHE (9741) .01

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 12

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION 880 HARBOUR WAY SOUTH
SUITE 600 RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications INDIANA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

INDIANA 2ND INJURY FUND .71 PERCENT
TOTAL ESTIMATED ANNUAL PREMIUM

Co. Cd.	Insurer
J	Hartford Insurance Company of the S/E, 06-1013048, 20621

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 13

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications KANSAS CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.06	
COMPOSITE RATE: .02926				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .004

CATASTROPHE (9741) .01

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 13

RICHMOND, CA 94804

Classifications KANSAS	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

11

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 14

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications KENTUCKY	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.12	
COMPOSITE RATE: .01321				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .005

CATASTROPHE (9741) .02

KY TAX & ASSESSMENT 6.53 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 15

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications LOUISIANA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		2.64	
	8742		.30	
	8810		.13	
COMPOSITE RATE: .1261				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

WAIVER OF SUBROGATION (9118)

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .005

CATASTROPHE (9741) .01

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 15

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION880 HARBOUR WAY SOUTH

SUITE 600RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications LOUISIANA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

TOTAL ESTIMATED ANNUAL PREMIUM

Co. Cd.	Insurer
J	Hartford Insurance Company of the S/E, 06-1013048, 20621

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 16

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MARYLAND	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8742		.14	
	8810		.05	
COMPOSITE RATE: .02029				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .04

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
P	Property/Casualty Ins. Co. of Hftd., 06-1276326, 30147

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 17

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MAINE CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.18	
COMPOSITE RATE: .03304				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .007

CATASTROPHE (9741) .01

ME SUPPLEMENTAL BENEFITS FUND 0 PERCENT

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
P	Property/Casualty Ins. Co. of Hftd., 06-1276326, 30147

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 17

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MAINE	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

ME ADMINISTRATIVE FUND 2.34 PERCENT
TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 18

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MICHIGAN	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.08	
COMPOSITE RATE: .01228				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

MANAGED CARE CREDIT (9874) 25 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .02

CATASTROPHE (9741) .02

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
3	Hartford Casualty Insurance Company, 06-0294398, 14397

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 19

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MISSOURI CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.10	
COMPOSITE RATE: .01109				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .005

CATASTROPHE (9741) .001

MO 2ND INJURY FUND 3 PERCENT

MISSOURI DEDUCTIBLE SURCHARGE 1.5 PERCENT

Issue date 05/02/2024

Co. Cd.	Insurer
3	Hartford Casualty Insurance Company, 06-0294398, 14397

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 19

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MISSOURI	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

SECOND INJURY FUND SUPPLEMENTAL SURCHARGE 0 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 20

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MONTANA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.24	
COMPOSITE RATE: .04719				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .008

CATASTROPHE (9741) .02

Issue date 05/02/2024

Co. Cd.	Insurer
6	Hartford Underwriters Insurance Company, 06-1222527, 10456

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 21

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NORTH CAROLINA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		4.37	
	8742		.37	
	8810		.16	
COMPOSITE RATE: .03695				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .011

CATASTROPHE (9741) .02

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 23

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEBRASKA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.10	
COMPOSITE RATE: .01229				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
1	Hartford Fire Insurance Company, 06-0383750, 13269

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 24

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEW HAMPSHIRE	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		3.20	
	8810		.11	
COMPOSITE RATE: .01605				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9874) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .007

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
6	Hartford Underwriters Insurance Company, 06-1222527, 10456

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 25

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEW JERSEY CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		6.52	
	5606		2.60	
	8116		5.27	
	8742		.38	
	8810		.16	
COMPOSITE RATE: .60858				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM
INCREASED LIMITS: PART TWO (6199) 1.4 PERCENT
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION
INTRASTATE EXPERIENCE MOD #000601020 (9898) 1.199 (ACTUAL)
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM
LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)
LARGE DEDUCTIBLE COVERAGE PREMIUM
TERRORISM (9740) .03
CATASTROPHE (9741) .01
NJ UNINSURED EMPL FUND 0 PERCENT
NJ 2ND INJURY FUND 4.19 PERCENT

Issue date 05/02/2024

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 25

RICHMOND, CA 94804

Classifications NEW JERSEY	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

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Schedule of Operations

Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 26

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEW MEXICO CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.12	
COMPOSITE RATE: .01982				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .001

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 27

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEVADA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		2.78	
	8116		1.43	
	8810		.15	
COMPOSITE RATE: .05191				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .04

CATASTROPHE (9741) .01

Issue date 05/02/2024

Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 27

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION880 HARBOUR WAY SOUTH

SUITE 600RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEVADA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

TOTAL ESTIMATED ANNUAL PREMIUM

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 28

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications NEW YORK	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		3.77	
	5606		3.25	
	8742		.23	
	8809		.15	
	8810		.10	
COMPOSITE RATE: .32455				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #001961459 (9898) 1.34 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .03

NATURAL DISASTERS & CATASTROPHIC IND ACC (9741) .003

NY ASSESSMENT (0932) 9.2 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 30

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications OKLAHOMA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.14	
COMPOSITE RATE: .02832				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9657)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .007

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
1	Hartford Fire Insurance Company, 06-0383750, 13269

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 31

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications OREGON CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3179		1.19	
	8810		.08	
COMPOSITE RATE: .01248				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) .4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .008

CATASTROPHE (9741) .02

OREGON WC ADMINISTRATIVE FUND 9 PERCENT

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

RICHMOND, CA 94804

Classifications OREGON	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

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Co. Cd.	Insurer
1	Hartford Fire Insurance Company, 06-0383750, 13269

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 32

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications PENNSYLVANIA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	0951		.21	
	0953		.08	
COMPOSITE RATE: .0025				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM
WAIVER OF SUBROGATION (0930)
INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION
MERIT RATING CREDIT #3236091 (9885) .95 (MERIT ACTUAL)
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM
LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)
LARGE DEDUCTIBLE COVERAGE PREMIUM
TERRORISM (9740) .03
CATASTROPHE (9741) .02
PA EMPLOYER ASSMT (0938) 2.42 PERCENT

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 33

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications RHODE ISLAND	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.15	
COMPOSITE RATE: .04247				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .008

CATASTROPHE (9741) .02

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
P	Property/Casualty Ins. Co. of Hftd., 06-1276326, 30147

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 34

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications SOUTH CAROLINA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.14	
COMPOSITE RATE: .01164				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 35

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications TENNESSEE	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.06	
COMPOSITE RATE: .00614				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
F	Hartford Insurance Company of Illinois, 06-1010609, 20613

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 36

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications TEXAS	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724		.97	
	5606		.20	
	8107		.74	
	8742		.07	
	8809		.05	
	8810		.03	

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

DEDUCTIBLE CREDIT (9663)

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

PREMIUM DISCOUNT (0063) 6.7 PERCENT

TERRORISM (9740) .005

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
H	Trumbull Insurance Company, 06-1184984, 19666

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 37

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications UTAH	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.06	
COMPOSITE RATE: .00598				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9874) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
6	Hartford Underwriters Insurance Company, 06-1222527, 10456

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 38

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications VIRGINIA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	5606		.57	
	8810		.05	
COMPOSITE RATE: .00412				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

VA EXPENSE CONSTANT (0900)

TERRORISM (9740) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 39

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
VERMONT CONT.	8810		.17	
COMPOSITE RATE: .02609				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

MANAGED CARE CREDIT (9722) 10 PERCENT

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TERRORISM (9740) .006

CATASTROPHE (9741) .01

Issue date 05/02/2024

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 39

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION880 HARBOUR WAY SOUTH

SUITE 600RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications VERMONT	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

VT WC ADMINISTRATIVE FUND 1.5 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Schedule of Operations

Co. Cd.	Insurer
7	Twin City Fire Insurance Company, 06-0732738, 14974

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 40

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications WASHINGTON	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	9139		.02	
COMPOSITE RATE: .02				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

TOTAL CLASS PREMIUM

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

LARGE DEDUCTIBLE PREMIUM ADJUSTMENT (9663)

LARGE DEDUCTIBLE COVERAGE PREMIUM

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

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Co. Cd.	Insurer
3	Hartford Casualty Insurance Company, 06-0294398, 14397

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 41

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications WEST VIRGINIA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8810		.06	
COMPOSITE RATE: .01746				
THE FINAL PREMIUM FOR THIS STATE WILL BE DETERMINED BY APPLYING THE DEDUCTIBLE COMPOSITE RATE FOR THIS STATE PER \$100 OF AUDITED WORKERS COMPENSATION REMUNERATION.				

MANUAL PREMIUM - STATE ACT

MANUAL PREMIUM - FEDERAL ACTS

WAIVER OF SUBROGATION - STATE ACT (0930)

WAIVER OF SUBROGATION - FEDERAL ACTS (0930)

INCREASED LIMITS: PART TWO (9812) 1.4 PERCENT

TOTAL SUBJECT PREMIUM - STATE ACT

TOTAL SUBJECT PREMIUM - FEDERAL ACTS

INTERSTATE EXPERIENCE MOD #913272277 - STATE ACT (9898) .75 (ACTUAL)

INTERSTATE EXPERIENCE MOD #913272277 - FEDERAL ACTS (9898) .75

(ACTUAL)

TOTAL MODIFIED PREMIUM - STATE ACT

TOTAL MODIFIED PREMIUM - FEDERAL ACTS

Issue date 05/02/2024

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 41

RICHMOND, CA 94804

Classifications WEST VIRGINIA CONT.	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

WV REGULATORY SURCHARGE 5 PERCENT

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Co. Cd.	Insurer
3	Hartford Casualty Insurance Company, 06-0294398, 14397

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WV WQ0015 Schedule Number 41

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications WEST VIRGINIA	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium

WV FIRE AND CASUALTY SURCHARGE .55 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

- | | | | |
|----|-----------|-------|---|
| 1 | WC990323 | | ADDITIONAL NAMED INSURED ENDORSEMENT |
| 2 | WC660346 | | INSTALLMENT PREMIUM SCHEDULE |
| 3 | WC990548 | | CANCELLATION BY US |
| 4 | WC990300B | 08-00 | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 5 | WC990300C | | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 6 | WC990300F | | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 7 | WC990302B | 08-00 | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 8 | WC990304B | 08-00 | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 9 | WC990319D | | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 10 | WC990376 | | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 11 | WC990380 | | WORKERS' COMPENSATION BROAD FORM ENDORSEMENT |
| 12 | WC990358B | | AMENDMENT TO WORKERS' COMPENSATION BROAD FORM ENDT
- EMP LIABILITY STOP GAP COVERAGE |



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

13	WC990359B	AMENDMENT TO WORKERS' COMPENSATION BROAD FORM ENDT - EMP LIABILITY STOP GAP COVERAGE
14	WC290601A	NEW JERSEY LARGE RISK - LARGE DEDUCTIBLE ENDORSEMENT
15	WC990140B	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
16	WC990140C	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
17	WC990140G	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
18	WC990140I	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
19	WC990144E	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
20	WC990158A	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
21	WC990158B	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
22	WC990158C	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
23	WC990233C	PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE ALAE LIMITED TO DEDUCTIBLE
24	WC990244D	PART SEVEN - LOSS REIMBURSEMENT ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

25	WC990247E		PART SEVEN - LOSS REIMBURSEMENT ENDORSEMENT
26	WC990251	09-94	AMENDATORY ENDORSEMENT PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE - OHIO
27	WC990270C	12-97	AMENDATORY ENDORSEMENT - OREGON PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
28	WC990385		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
29	WC990482A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
30	WC990484A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
31	WC990609B		AMENDATORY ENDORSEMENT-PART SEVEN-LOSS REIMBURSEMENT DEDUCTIBLE (NEW HAMPSHIRE)
32	WC990486A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
33	WC990512A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
34	WC990236		AMENDATORY ENDORSEMENT PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE - VERMONT
35	WC990522A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
36	WC990524A		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Effective Date: 04/01/2024 **Effective hour** is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

37	WC990555		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
38	WC990601D		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
39	WC990603F		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
40	WC990619		PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE
41	WC990676		LOSS REIMBURSEMENT - LARGE DEDUCTIBLE
42	WC990513		NOTICE TO INSURED - NEW YORK
43	WC000106A	04-92	LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT
44	WC040101A		LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT - CALIFORNIA
45	WC000311		VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
46	WC000311A		VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
47	WC040305	01-85	VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT CALIFORNIA
48	WC990041C		VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY REIMBURSEMENT ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Effective Date: 04/01/2024 **Effective hour** is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

49	WC000203	04-84	VOLUNTARY COMPENSATION MARITIME COVERAGE ENDORSEMENT
50	WC060402		CONNECTICUT FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
51	WC000313		WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
52	WC040306	04-84	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA
53	WC420304B		TEXAS WAIVER OF OUR RIGHTS TO RECOVER FROM OTHERS ENDORSEMENT
54	WC430305		UTAH WAIVER OF SUBROGATION ENDORSEMENT
55	WC000406		PREMIUM DISCOUNT ENDORSEMENT
56	WC470301A		WEST VIRGINIA EMPLOYERS LIABILITY INSURANCE DELIBERATE INTENTION EXCLUSION ENDORSEMENT
57	WC990039C		ENDEMIC DISEASE ENDORSEMENT
58	WC990040D	05-00	REPATRIATION ENDORSEMENT
59	WC000109C		OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT
60	WC000201B		MARITIME COVERAGE ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

61	WC000301A	02-89	ALTERNATE EMPLOYER ENDORSEMENT
62	WC420601	07-84	TEXAS NOTICE OF MATERIAL CHANGE ENDORSEMENT
63	WC320601B		CANCELLATION AND NON-RENEWAL ENDORSEMENT
64	WC990615		FLORIDA - NOTICE OF CANCELLATION TO DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED INSURED
65	WC990616		FLORIDA - NOTICE OF NON-RENEWAL TO DESIGNATED PERSON(S) OR ORGANIZATION(S) OTHER THAN THE NAMED IN
66	WC990529		NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER
67	WC990529		NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER
68	WC990536		NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER
69	WC990538		NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED GOVERNMENTAL ENTITY
70	WC990395		NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)
71	WC990396		NOTICE OF CANCELLATION TO DESIGNATED CERTIFICATE HOLDER(S)
72	WC040601B		CALIFORNIA CANCELLATION ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

73	G-3418-0		PRODUCER COMPENSATION NOTICE
74	WC040301BB		POLICY AMENDATORY ENDORSEMENT - CALIFORNIA
75	WC990626		POLICY TERMS CONTROLLING ENDORSEMENT
76	WC000422C		TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
77	WC040360B		EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT - CALIFORNIA
78	WC450602		VIRGINIA AMENDATORY ENDORSEMENT
79	WC430601		UTAH WORKPLACE SAFETY PROGRAM ENDORSEMENT
80	WC080601	04-84	DISTRICT OF COLUMBIA CANCELLATION ENDORSEMENT
81	WC990069	04-84	AMENDATORY ENDORSEMENT COLORADO
82	WC060301	04-84	CONNECTICUT APPLICATION OF WORKERS COMPENSATION INSURANCE ENDORSEMENT
83	WC310308	04-84	NEW YORK LIMIT OF LIABILITY ENDORSEMENT
84	WC370601	04-84	SPECIAL PENNSYLVANIA ENDORSEMENT INSPECTION OF MANUALS



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

85	WC370602	04-84	PENNSYLVANIA NOTICE
86	WC050402	11-90	COLORADO CLASSIFICATION ENDORSEMENT
87	WC090606		FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
88	WC660306		WORKERS' COMPENSATION COST CONTAINMENT CERTIFICATION DISCLOSURE STATEMENT
89	WC370603A		PENNSYLVANIA ACT 86-1986 ENDT NONRENEWAL, NOTICE OF INCREASE OF PREMIUM, AND RETURN OF UNEARNED PREMIUM
90	WC000419		PREMIUM DUE DATE ENDORSEMENT
91	WC000419A		PART FIVE - PREMIUM AMENDATORY ENDORSEMENT
92	WC430602		UTAH CANCELLATION ENDORSEMENT
93	WC060601A		CONNECTICUT NONRENEWAL ENDORSEMENT
94	WC520602		HAWAII NOTIFICATION ENDORSEMENT
95	WC990371		ARIZONA COUNTERSIGNATURE EXCLUSION ENDORSEMENT
96	WC290306B		NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

97	WC360601E	OREGON CANCELLATION ENDORSEMENT
98	WC660281C	WORKERS' COMPENSATION SELECTION OF DESIGNATED MEDICAL PROVIDER DISCLOSURE STATEMENT
99	WC270601C	NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT
100	WC020401C	ARIZONA ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
101	WC090303	FLORIDA - EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
102	WC060303C	CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT
103	WC120306A	ILLINOIS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY EXCLUSION ENDORSEMENT
104	WC320301D	NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT
105	WC190602	MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT
106	WC660074B	PREMIUM DISCOUNT TABLE - TEXAS
107	WC120601F	ILLINOIS AMENDATORY ENDORSEMENT
108	WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

109	WC000421E	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
110	WC090403C	FLORIDA TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT
111	WC310618A	NEW YORK WORKERS' COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL
112	WC000414A	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
113	WC020601C	ARIZONA CANCELLATION ENDORSEMENT
114	WC190601G	MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT
115	WC420301L	TEXAS AMENDATORY ENDORSEMENT
116	WC090607A	FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE NOTIFICATION ENDORSEMENT
117	WC310319M	NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY END
118	WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
119	WC260601C	NEBRASKA CANCELLATION AND NONRENEWAL ENDORSEMENT
120	WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 **Effective hour** is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

121	WC090407A		FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
122	WC260403		NEBRASKA EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
123	WC000424		AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
124	WC040422		CALIFORNIA SHORT-RATE CANCELLATION
125	WC380602		RHODE ISLAND SAFETY INSPECTION ENDORSEMENT
126	WC380601	04-84	RHODE ISLAND DIRECT LIABILITY STATUTE ENDORSEMENT
127	WC990322		VERMONT CHANGES: PROPERTY/CASUALTY - CIVIL UNION ENDORSEMENT
128	WC440601	04-84	VERMONT LAW ENDORSEMENT
129	WC440602C		VERMONT CANCELLATION AND NONRENEWAL ENDORSEMENT
130	WC190402A		MARYLAND ALCOHOL & DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
131	WC370401		PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
132	WC360604		OREGON AMENDATORY ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

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Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

133	WC170601J		LOUISIANA AMENDATORY ENDORSEMENT
134	WC170602A		LOUISIANA COST CONTAINMENT ACT ENDORSEMENT
135	WC240406D		MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT
136	WC170303		LOUISIANA DUTY TO DEFEND ENDORSEMENT
137	WC240601B		MISSOURI CANCELLATION AND NONRENEWAL ENDORSEMENT
138	WC240604C		MISSOURI AMENDATORY ENDORSEMENT
139	WC240602B		MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION ENDORSEMENT
140	WC150401A		KANSAS FINAL PREMIUM ENDORSEMENT
141	WC150601A	07-86	KANSAS CANCELLATION AND NONRENEWAL ENDORSEMENT
142	WC990001K		SIGNATURE PAGE
143	WC100601C		GEORGIA CANCELLATION, NONRENEWAL AND CHANGES ENDORSEMENT
144	WC250401A		MONTANA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

145	WC020603A	ARIZONA AMENDATORY ENDORSEMENT
146	WC210304	MICHIGAN LAW ENDORSEMENT
147	WC210303A	MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT
148	WC250305	MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT
149	WC250602	MONTANA SAFETY ENDORSEMENT
150	WC030601B	ARKANSAS AMENDATORY ENDORSEMENT
151	WC250601B	MONTANA CANCELLATION AND NONRENEWAL ENDORSEMENT
152	WC990374	MICHIGAN AMENDATORY ENDORSEMENT
153	WC280402A	NEW HAMPSHIRE MANAGED CARE ENDORSEMENT
154	WC350303	OKLAHOMA EMPLOYERS LIABILITY INTENTIONAL TORT EXCLUSION ENDORSEMENT
155	WC350603	OKLAHOMA FRAUD WARNING ENDORSEMENT
156	WC180606	MAINE NOTICE OF FILING OF FIRST REPORTS OF INJURY WITHIN SEVEN DAYS



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

157	WC180607A		MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT
158	WC180604		MAINE FINAL PREMIUM AUDIT ENDORSEMENT
159	WC350604		OKLAHOMA ELECTION OF COVERAGE NOTIFICATION ENDORSEMENT
160	WC470601	07-08	WEST VIRGINIA CANCELLATION ENDORSEMENT
161	WC280604		NEW HAMPSHIRE AMENDATORY ENDORSEMENT
162	WC180601	04-84	MAINE INSPECTION IMMUNITY ENDORSEMENT (TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)
163	WC300601A		NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT
164	WC470302		WEST VIRGINIA WORKERS COMPENSATION INSURANCE RECOVERY FROM OTHER ENDORSEMENT
165	WC280601	04-84	NEW HAMPSHIRE SOLE REPRESENTATIVE ENDORSEMENT
166	WC350601E		OKLAHOMA CANCELLATION, NONRENEWAL AND CHANGE ENDORSEMENT
167	WC180603		MAINE CANCELLATION AND NONRENEWAL ENDORSEMENT
168	WC160601		KENTUCKY CANCELLATION AND NONRENEWAL ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WV WQ0015

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

169	WC160602	KENTUCKY NOTICE OF APPEAL RIGHT ENDORSEMENT
170	WC000414A	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
171	WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL NAMED INSURED ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 1

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

The policy is amended to include the following as additional named insureds:

SUNPOWER CORPORATION FEIN: [REDACTED]
SUNPOWER CORPORATION SYSTEMS FEIN: [REDACTED]
SOLARWORLD AMERICAS, INC

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement

Countersigned by



A handwritten signature in cursive script, appearing to read "Susan L. Castaneda".

Authorized Representative

INSTALLMENT PREMIUM SCHEDULE

The Total Estimated Annual Premium of \$676,064 Will be payable in installments as outlined in the SCHEDULE OF PAYMENTS

SCHEDULE OF PAYMENTS

NO	DUE DATE OF PAYMENT	ESTIMATED ADVANCE PREMIUM
1	04/01/2024	
2	05/01/2024	
3	06/01/2024	
4	07/01/2024	
5	08/01/2024	
6	09/01/2024	
7	10/01/2024	
8	11/01/2024	
9	12/01/2024	
TOTALS		



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION BY US

Policy Number: 57 WV WQ0015

Endorsement Number: 3

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Paragraph 2. Of Part Six-Conditions, D. Cancellation in the Workers' Compensation and Employers' Liability Insurance Policy Provisions is replaced by the following:

2. We may cancel this policy by mailing or delivering to the Named Insured written notice of cancellation at least:
- a. 10 days before the effective date of cancellation or as required by statute whichever is longer if we cancel for nonpayment of premium; or
 - b. 90 days before the effective date of cancellation or as required by statute, whichever is longer, if we cancel for any other reason.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

Form WC 99 05 48 Printed in USA

Process Date:

Policy Expiration Date:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 4

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States

You may use the index to locate these coverage features quickly:

INDEX

<u>SUBJECT</u>	<u>PAGE</u>
SECTION I	2
PARTS ONE and TWO	2
01 We Will Also Pay	2
PART - THREE	2
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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Cancellation

Paragraph 2. of **D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE

6. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the workers compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Other Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

EMPLOYERS LIABILITY STOP GAP COVERAGE

7. EMPLOYERS LIABILITY STOP GAP COVERAGE

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, West Virginia and Wyoming.
- B. Part One (Workers Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers Liability Insurance) applies in the states, shown in Paragraph A, as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section **C. Exclusions** is changed by adding these exclusions.

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft;
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.
- E. This insurance applies to damages for which you are liable under West Virginia code Annot. 23-4-2.

SECTION III

8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

AZ, GA, HI, IA, IN, KS, KY, ME, MI, NE, NH, NM, OK, OR, RI, SC, UT, VA, VT

Countersigned by _____
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 5

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00 A.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3 (Other States Insurance)** is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of

the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Cancellation

Paragraph 2. of **D. Cancellation of Part 6 (Conditions)** is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

6. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state shown in Item 3.A. of the Information Page.

3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will

keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

EMPLOYERS' LIABILITY STOP GAP COVERAGE

7. Employers' Liability Stop Gap Coverage

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III

8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

CT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 6

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph **4. of A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item

3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Cancellation

Paragraph **2. of D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

6. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will

pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

EMPLOYERS' LIABILITY STOP GAP COVERAGE

7. Employers' Liability Stop Gap Coverage

- A. This coverage only applies in North Dakota, Ohio, Washington, and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III

8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

TN



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 7

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of **Part One** (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of **Part Two** (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of **Part 6** (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

5. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.
2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.

3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 5. does not apply in New Jersey or Wisconsin.

EMPLOYERS' LIABILITY STOP GAP COVERAGE**6. Employers' Liability Stop Gap Coverage**

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, West Virginia and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
 13. bodily injury sustained by any member of the flying crew of any aircraft.
 14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.
- E. This insurance applies to damages for which you are liable under West Virginia Code Annot. S 23-4-2.

SECTION III

7. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

CA, CO, DC, LA, MD, MO, MT, NC, NV

Countersigned by: _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 8

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

Paragraph 1 of

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS' LIABILITY INSURANCE) is amended as follows:

We Will Also Pay

1. reasonable expenses incurred at our request, **but not** loss of earnings;

is changed to:

1. reasonable expenses incurred at our request; **INCLUDING** loss of earnings.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of **Part 6** (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

5. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.
2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or

otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.

5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

EMPLOYERS' LIABILITY STOP GAP COVERAGE**6. Employers' Liability Stop Gap Coverage**

- A. This coverage only applies in Montana, North Dakota, Ohio, Washington, West Virginia and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.
This insurance does not cover:
 5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
 13. bodily injury sustained by any member of the flying crew of any aircraft.
 14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.
- E. This insurance applies to damages for which you are liable under West Virginia Code Annot. S 23-4-2.

SECTION III**7. SCHEDULE OF COVERED STATES**

- A. This endorsement only applies in the states listed in this Schedule of Covered States.
- B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this

endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

AR

Countersigned by _____
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 9

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph **4. of A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A.

of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Cancellation

Paragraph **2. of D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy for non-payment of premium. We must mail or deliver to you not less than **15** business days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

6. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.

3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

EMPLOYERS' LIABILITY STOP GAP COVERAGE

7. Employers' Liability Stop Gap Coverage

- A. This coverage only applies in North Dakota, Ohio, Washington and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III

8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

PA



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 10

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies of Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Cancellation

Paragraph 2. of **D. Cancellation of Part 6** (Conditions) is replaced by the following:

2. We may cancel this policy. We must mail or deliver to you not less than **15** days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

5. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE

6. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.

2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Other Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 6. does not apply in New Jersey or Wisconsin.

EMPLOYERS LIABILITY STOP GAP COVERAGE

7. EMPLOYERS LIABILITY STOP GAP COVERAGE

- A. This coverage only applies in North Dakota, Ohio, Washington, and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section **C. Exclusions** is changed by adding these exclusions.

This insurance does not cover;

5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.

13. bodily injury sustained by any member of the flying crew of any aircraft.
14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III

8. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

WV



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WORKERS' COMPENSATION BROAD FORM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 11

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section I of this endorsement expands coverage provided under WC 00 00 00.

Section II of this endorsement provides additional coverage usually only provided by endorsement.

Section III of this endorsement is a Schedule of Covered States.

You may use the index to locate these coverage features quickly:

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SECTION I

PARTS ONE and TWO

1. WE WILL ALSO PAY

D. We Will Also Pay of Part One (WORKERS' COMPENSATION INSURANCE); and

E. We Will Also Pay of Part Two (EMPLOYERS' LIABILITY INSURANCE) is replaced by the following:

We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, **INCLUDING** loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this law; and
5. expenses we incur.

PART THREE

2. How This Insurance Applies

Paragraph 4. of **A. How This Insurance Applies** of **Part 3** (Other States Insurance) is replaced by the following:

4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within **sixty** days.

PART SIX

3. Transfer Of Your Rights and Duties

C. Transfer Of Your Rights and Duties of Part 6 (Conditions) is replaced by the following:

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within **sixty** days after your death, we will cover your legal representative as insured.

4. Liberalization

If we adopt a change in this form that would broaden the coverage of this form without extra charge, the broader coverage will apply to this policy. It will apply when the change becomes effective in your state.

SECTION II

VOLUNTARY COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

5. Voluntary Compensation Insurance

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by any officer or employee not subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page.
2. The bodily injury must arise out of and in the course of employment or incidental to work in a state shown in Item 3.A. of the Information Page.

3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen, or otherwise legal resident, and legally employed, in the United States or Canada and temporarily away from those places.

4. Bodily injury by accident must occur during the policy period.

5. Bodily injury by disease must be caused or aggravated by the conditions of the officer's or employee's employment. The officer's or employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you as if you and your employees were subject to the workers' compensation law of any state shown in Item 3.A. of the Information Page. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusion

This insurance does not cover:

1. any obligation imposed by workers' compensation or occupational disease law or any similar law.
2. bodily injury intentionally caused or aggravated by you.
3. officers or employees who have elected not to be subject to the state workers' compensation law.
4. partners or sole proprietors not covered under the Standard Sole Proprietors, Partners, Officers and Others Coverage Endorsement.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers' Liability Insurance

Part Two (Employers' Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment was shown in Item 3.A. of the Information Page.

This provision 5. does not apply in New Jersey or Wisconsin.

EMPLOYERS' LIABILITY STOP GAP COVERAGE**6. Employers' Liability Stop Gap Coverage**

- A. This coverage only applies in North Dakota, Ohio, Washington, and Wyoming.
- B. Part One (Workers' Compensation Insurance) does not apply to work in states shown in Paragraph A above.
- C. Part Two (Employers' Liability Insurance) applies in the states, shown in Paragraph A., as though they were shown in Item 3.A. of the Information Page.
- D. Part Two, Section C. **Exclusions** is changed by adding these exclusions.
This insurance does not cover;
 5. bodily injury intentionally caused or aggravated by you or in Ohio bodily injury resulting from an act which is determined by an Ohio court of law to have been committed by you with the belief that an injury is substantially certain to occur. However, the cost of defending such claims or suits in Ohio is covered.
 13. bodily injury sustained by any member of the flying crew of any aircraft.
 14. any claim for bodily injury with respect to which you are deprived of any defense or defenses or are otherwise subject to penalty because of default in premium under the provisions of the workers' compensation law or laws of a state shown in Paragraph A.

SECTION III

7. SCHEDULE OF COVERED STATES

A. This endorsement only applies in the states listed in this Schedule of Covered States.

B. If a state, shown in Item 3.A. of the Information Page, approves this endorsement after the effective date of this policy, this endorsement will apply to this policy. The coverage will apply in the new state on the effective date of the state approval.

C. Schedule of Covered States:

IL



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT TO WORKERS' COMPENSATION BROAD FORM
ENDORSEMENT - EMPLOYERS' LIABILITY STOP GAP COVERAGE**

Policy Number: 57 WV WQ0015

Endorsement Number: 12

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes the Workers'
Compensation Broad Form Endorsement –
Employers' Liability Stop Gap Coverage

A. This coverage only applies in North Dakota,
Ohio, Washington, and Wyoming

6. Employers' Liability Stop Gap Coverage

E. This paragraph is removed.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT TO WORKERS' COMPENSATION BROAD FORM
ENDORSEMENT - EMPLOYERS' LIABILITY STOP GAP COVERAGE**

Policy Number: 57 WV WQ0015

Endorsement Number: 13

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes the Workers'
Compensation Broad Form Endorsement –
Employers' Liability Stop Gap Coverage

A. This coverage only applies in North Dakota,
Ohio, Washington, and Wyoming.

E. This paragraph is removed.

7. Employers' Liability Stop Gap Coverage

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
Endt. No. 14 RICHMOND, CA 94804

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW JERSEY LARGE RISK - LARGE DEDUCTIBLE ENDORSEMENT

1. This endorsement applies to the insurance provided by:
Part One (Workers' Compensation Insurance)
Part Two (Employers Liability Insurance) and
Part Three (Other States Insurance)
2. This endorsement applies between you and us. It does not affect the rights of others under the policy. Nor does it change our obligations under Part One, Part Two, or Part Three of the policy, except as otherwise stated in this endorsement.
3. In consideration of a reduced premium, you have agreed to reimburse us up to the deductible amounts stated in the Schedule at the end of this endorsement for all payments legally required, including allocated loss adjustment expense which arises out of any claim or suit we defend, where you elect to include such expense.
4. We will remain responsible for the full payment of all claims under this policy without regard to your ability or intention to reimburse us for the deductible amounts. The contract of insurance shall be fully enforceable by your employees or their dependents against us in accordance with NJSA 34:15-83.

Deductible-Each Occurrence/Each Claim

5. The deductible amount stated in the Schedule is the most you must reimburse us for indemnity and medical benefits and damages combined, including allocated loss adjustment expense if elected by you, for bodily injury to one or more employees as the result of any one accident or for disablement of one employee due to bodily injury by disease.

Deductible - Policy Aggregate

6. The amount stated in the Schedule as aggregate is the most you must reimburse us for the sum of all indemnity and medical benefits, damages and allocated loss adjustment expense because of bodily injury by accident or bodily injury by disease for the policy period.
 - (a) If we cancel the policy, the aggregate amount stated in the Schedule will be reduced to a pro rata amount based on the time this policy was in force.
 - (b) If you cancel the policy as a result of your retiring from business, the aggregate deductible amount will be reduced to a pro rata amount based on the time this policy was in force.

- (c) If you cancel the policy for any reason other than retiring from business, the aggregate deductible amount will not be reduced.
- (d) If this policy is issued for a term of less than one year, the aggregate deductible amount will not be reduced.

Effect of Deductible on Limits of Liability

- 7. The applicable limits of liability as respects Part Two (Employers Liability Insurance) are subject to reduction by the application of the loss reimbursement amount(s) applicable to any claim for accident or disease covered by this policy. In the event of a claim our obligation to pay is the amount available for benefits or damages that remains after the application of the specific loss reimbursement amount. The payment of loss adjustment expense shall not affect the limits of liability.

Allocated Loss Adjustment Expense

- 8. Allocated loss adjustment expense, which is elective by you, means claim expenses directly allocated by us to a particular claim. Such expense shall not include cost of investigation or the salaries and traveling expenses of our employees other than those salaried employees who perform services which can be directly allocated to the handling of a particular claim.

Recovery From Others

- 9. If we recover any payments made under this policy from anyone liable for the injury, the amount we recover will be applied as follows:
 - (a) First, to any payments made by us in excess of the deductible amount; and
 - (b) Then the remainder, if any, will be applied to reduce the deductible amount reimbursable by you.

Cancellation

- 10. If you fail to reimburse us for any amounts as required by this endorsement, we may cancel this policy for nonpayment in accordance with the provisions of statute. We will remain fully responsible for the full amount of all claims incurred prior to the effective date of cancellation.

Sole Representation

- 11. The first Named Insured stated in the Information Page will act on behalf of all the named insureds with respect to:
 - (a) Changes to this endorsement
 - (c) Reimbursement of the deductible amount
 - (b) Obligations to pay or receive premiums

Your Duties and Understandings

- 12. All bodily injuries by accident or disease for which you are responsible shall be promptly reported to us for adjustment and payment, regardless of their severity or cost. You further understand that all such bodily injuries and their cost shall be included in experience data used to determine the experience rating for your policy, regardless of the eligibility of such claims for full or partial reimbursement under the deductible provisions of this policy.

Other Rights and Duties

13. All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:


- (a) Our right and duty to defend any claim, proceeding or suit against you and
- (b) Your duties if injury occurs:

Additional Charges

14. The surcharges for the Second Injury Fund and Uninsured Employers Fund and the premium charge for the expense constant are not part of the Large Risk - Large Deductible Program but are included in the total cost of the coverage provided by the policy to which this endorsement is attached.

SCHEDULE

Coverage	Deductible Amount Basis
Bodily Injury By Accident \$ [REDACTED]	each accident
Bodily Injury By Disease \$ [REDACTED]	each employee
All Covered Bodily Injury [REDACTED]	aggregate
(Dollar Amount or "None")	

Countersigned by 
Authorized Agent

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 Endt. No. 15 RICHMOND, CA 94804

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

Coverage	Deductible Amount Basis
Each "Loss Event" Deductible Limit: \$250,000	Per "Loss Event"
Aggregate Deductible Limit: NONE	Per Aggregate Limit Period
(Dollar Amount or "None")	

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts.**

KY, WV

2. This endorsement applies in the following state(s):

KY, WV

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How this Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We may make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we may charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions**1. Recovery From Others**

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be cancelled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel the policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

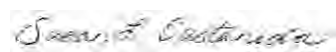
3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Countersigned by



Authorized Agent

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 16

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000 Per "Loss Event"

Aggregate Deductible Limit: NONE Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement. The Insurance Program Agreement is between the Insured and the Insurer. The Agreement does not alter the rights of others under the policy.

2. This endorsement applies in the following state(s):

DC, IA, IN, ME, MT, RI

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We may make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we may charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

Policy Number: 57 WV WQ0015

Endorsement Number: 17

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

GA

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How this Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We may make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we may charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

The amount of the Aggregate Deductible Limit is not subject to reduction due to:

- 1. mid-term cancellation of the policy and/or this endorsement by you or
- 2. mid-term cancellation due to non-payment of amounts due under this policy and/or this endorsement.

If you are unable to maintain or increase the security that you provide to secure the amounts payable under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled.

We may cancel the endorsement for non-payment of amounts due under this policy and/or this endorsement by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in the item 1. of the Information Page will be sufficient to prove notice.

We may cancel the policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

4. Collateral

We may require you to deliver specified collateral or security and adequate in our opinion to assure that we will be paid the reimbursements to which we shall become entitled under this policy. Your failure to deliver or maintain such collateral or security will be equivalent to failure to reimburse us for the purposes of this endorsement.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 18

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts.**

This endorsement applies between you and us. It does not affect the right of others under the policy.

2. This endorsement applies in the following state(s):

CT

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We may make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we may charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregated Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

PA

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible:

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

To the extent the claim, proceeding or suit is within the deductible amount it will be serviced and paid according to the terms of the policy as if this endorsement did not apply. Under this endorsement, you will reimburse us for any deductible amount(s) we so advance, but our duties continue even if you do not reimburse us.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payments of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages and benefits and "allocated loss adjustment expense" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) may result in cancellation of this endorsement. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement may be canceled. If you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible, this endorsement may be cancelled. If you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than fifteen business days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
Endt. No. 20 RICHMOND, CA 94804

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit:	\$250,000	Per "Loss Event"
Aggregate Deductible Limit:	NONE	Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

2. This endorsement applies in the following state(s): OH

NC, OR

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How this Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

If you are unable to maintain or increase the security that you provide to secure the amounts payable under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled.

We may cancel this policy by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Countersigned by _____
Authorized Agent

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 21

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit:	\$250,000	Per "Loss Event"
Aggregate Deductible Limit:	NONE	Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

2. This endorsement applies in the following state(s): WA

MD

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. **Sole Representative**

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Countersigned by



Authorized Agent

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 22

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000 Per "Loss Event"

Aggregate Deductible Limit: NONE Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s): WY

CO, KS, LA, MO, NM, NV, UT

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 23

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE ALAE LIMITED TO DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Bodily Injury by Accident:	\$250,000	Per Accident
Bodily Injury by Disease	\$250,000	Per Employee
Aggregate Deductible Limit:	NONE	Per Policy Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

2. This endorsement applies in the following state(s):

FL

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named on Page 1 of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through THREE.

To the extent the claim, proceeding or suit is within the deductible amount it will be serviced and paid according to the terms of the policy as if this endorsement did not apply. Under this endorsement, you will reimburse us for any deductible amount(s) we so advance, but our duties continue even if you do not reimburse us.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each claim. We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable claim. The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one claim will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Per Accident or Per Employee Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all claims shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the claim that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page. The policy period aggregate cannot be less than the standard premium and is a function of your audited exposures.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy and which are considered to be Allocated Loss Adjustment Expense by the National Council on Compensation Insurance within the state of Florida. ALAE encompasses the following costs to us, which can be directly allocated to a particular claim:

- (1) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives.
- (2) Court, Alternate Dispute Resolution, and other specific items of expense such as:
 - a) Medical examinations of a claimant to determine the extent of the carrier's liability, degree of permanency, or length of disability
 - b) Expert medical or other testimony
 - c) Autopsy
 - d) Witnesses and summonses
 - e) Copies of documents such as birth and death certificates, and medical treatment records
 - f) Arbitration fees

- g) Surveillance
- h) Appeal bond costs and appeal filing fees
- (3) Medical cost containment expenses incurred with respect to a particular claim, whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of services are paid. The expenses include:
 - a) Bill-auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient or outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills, and medical or vocational rehabilitation vendor bills
 - b) Hospital and other treatment utilization reviews, including precertification/preadmission, and concurrent or retrospective reviews
 - c) Preferred provider network/organization expenses
 - d) Medical fee review panel expenses
- (4) Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim for services that are required to be performed by statute or regulation.

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a claim. Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability under PART TWO – (EMPLOYERS LIABILITY INSURANCE);
- (b) you for any paid "Allocated Loss Adjustment Expense" associated with the recovery;
- (c) us up to the amount we paid in excess of the deductible amount; and
- (d) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of the policy for nonpayment of premium. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

3. **Sole Representative**

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. **Sole Representative**

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium and give or receive notice of cancellation.

Multiple insureds will not be listed in the same policy unless they meet the Experience Rating Plan rules on combinability.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT ENDORSEMENT

SCHEDULE

1. Loss Reimbursement Limits

Each "Loss Event" Loss Reimbursement Limit: \$250,000

Per "Loss Event"

Aggregate Loss Reimbursement Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expense is limited to the loss reimbursement amounts.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

HI

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Limit.

B. How This Endorsement Applies:

To the extent that PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) provides for a different method of determining and paying the premium than the method described in PART FIVE-(PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT ENDORSEMENT) apply. Otherwise, PART FIVE-(PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Account" for each "Loss Event". We will charge to each "Loss Reimbursement Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Limits Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO-(EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the "Loss Reimbursement Accounts" as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Accounts" 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Limits Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE-(WORKERS COMPENSATION INSURANCE) and PART TWO-(EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Account" up to the amount of the Loss Reimbursement Limit shown in the Schedule.

2. Each Loss Event Loss Reimbursement Limit:

Subject to the Aggregate Loss Reimbursement Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Account" up to the amount of the Each "Loss Event" Loss Reimbursement Limit shown in the Schedule.

3. Aggregate Loss Reimbursement Limit:

The total amount that we may charge to all "Loss Reimbursement Accounts" for all "Loss Events" shall not exceed the Aggregate Loss Reimbursement Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE-(WORKERS COMPENSATION INSURANCE) and PART TWO-(EMPLOYERS LIABILITY INSURANCE).

The Aggregate Loss Reimbursement Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE-(WORKERS COMPENSATION INSURANCE) section D. and PART TWO-(EMPLOYERS LIABILITY INSURANCE) section E.-(We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the "Loss Reimbursement Account" are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the loss reimbursement amount; and
- (c) you for loss reimbursement amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, pay loss reimbursement amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 25

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN-LOSS REIMBURSEMENT ENDORSEMENT

SCHEDULE

1. Loss Reimbursement Limits

Each "Loss Event" Loss Reimbursement Limit: \$250,000 Per "Loss Event"

Aggregate Loss Reimbursement Limit: NONE Per Aggregate Limit Period

Your responsibility for Allocated Expenses is limited to the Loss Reimbursement amounts.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

OK

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Limit.

B. How This Endorsement Applies:

To the extent that PART SEVEN-(LOSS REIMBURSEMENT ENDORSEMENT) provides for a different method of determining and paying the premium than the method described in PART FIVE-(PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT ENDORSEMENT) apply. Otherwise, PART FIVE-(PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Account" for each "Loss Event". We will charge to each "Loss Reimbursement Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as applicable Limits of Liability except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO-(EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the "Loss Reimbursement Accounts" as they come to our attention.

The insured's nonreimbursement of the Loss Reimbursement amounts shall not relieve us from payment of compensation for injuries or death sustained by an employee during the policy period.

You agree to reimburse us for all charges to the "Loss Reimbursement Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Limits Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE-(WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Account" up to the amount of the Loss Reimbursement Limit shown in the Schedule.

2. Each Loss Event Loss Reimbursement Limit:

Subject to the Aggregate Loss Reimbursement Limit, the damages, benefits and "allocated loss adjustment expenses" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Account" up to the amount of the Each "Loss Event" Loss Reimbursement Limit shown in the Schedule.

3. Aggregate Loss Reimbursement Limit:

The total amount that we may charge to all "Loss Reimbursement Accounts" for all "Loss Events" shall not exceed the Aggregate Loss Reimbursement Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Loss Reimbursement Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE-(WORKERS COMPENSATION INSURANCE) section D. and PART TWO-(EMPLOYERS LIABILITY INSURANCE) section E.-(We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the "Loss Reimbursement Accounts" are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE-(WORKERS COMPENSATION INSURANCE) section G. and PART TWO-(EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the loss reimbursement amount; and
- (c) you for loss reimbursement amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX-(CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, pay loss reimbursement amounts, pay or receive premium, and give or receive notice of cancellation.

AMENDATORY ENDORSEMENT

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE - OHIO

Policy Number

57 WV WQ0015

Named Insured and Address

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH, SUITE 600

RICHMOND, CA 94804

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective Date

04/01/2024

Effective hour is the same as stated in the Information Page of the policy.

Endt. No.

26

With respect to the state of Ohio, it is agreed that item 2. Cancellation of the **Loss Reimbursement Deductible Endorsement** attached to this policy is replaced by the following:

2. Cancellation and Non Renewal

A. CANCELLATION

1. The Named Insured first shown in the Declarations may cancel this policy by:

- (a) Mailing or delivering to us advance written notice of cancellation; or
- (b) Surrendering the policy to us or to any of our authorized agents.

2. We may cancel this policy by mailing or delivering to the Named Insured first shown in the Declarations written notice of cancellation at least:

- (a) 10 days before the effective date of cancellation, if we cancel for non-payment of any premium when due;
- (b) 30 days before the effective date of cancellation, if we cancel for any other reason and the policy has been in effect for less than 90 days; or
- (c) 30 days before the effective date of cancellation, if we cancel and the policy has been in effect for more than 90 days, and is not a renewal of a policy we issued, but only for one or more of the following reasons:

- (1) Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted thereunder;

(2) Discovery of a moral hazard or willful or reckless acts or omissions on your part which increases any hazard insured against;

(3) The occurrence of a change in the individual risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed except to the extent we should reasonably have foreseen the change or contemplated the risk in writing the contract;

(4) Loss of applicable reinsurance or a substantial decrease in applicable reinsurance, if the Superintendent has determined that reasonable efforts have been made to prevent the loss of, or substantial decrease in, the applicable reinsurance, or to obtain replacement coverage;

(5) Failure of an insured to correct material violations of safety codes; or

(6) A determination by the Superintendent of Insurance that the continuation of the policy would create a condition that the would be hazardous to the policyholder or the public.

3. We will mail or deliver our notice to the last mailing address known to us of the Named Insured first shown in the Declarations. We will also mail the notice to the agent of record.

If notice is mailed, proof of mailing will be sufficient proof of notice.

4. Notice of cancellation by us will state the effective date of cancellation and the specific reasons for cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the Named Insured first shown in the Declarations any premium refund due. If we cancel, the refund will be pro-rata.
6. If the Named Insured cancels, we shall compute the return premium at 90% of the pro-rata unearned premium. We shall in any event be entitled to retain any minimum retained premium stated in the Declarations.
7. Premium adjustment may be made either at the time cancellation is effected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

B. NON-RENEWAL

1. If we elect not to renew this policy, we will mail written notice of non-renewal to the Named Insured first shown in the Declarations, and agent if any, at the last mailing address known to us. The notice will contain the date of the notice and the policy number, and will state the expiration date of the policy.

2. We will mail the notice of non-renewal at least 30 days before the expiration date of the policy.

If the notice of non-renewal is mailed less than 30 days before the expiration date of the policy, your coverage then in effect remains in effect until 30 days after the date of the mailing of the notice, unless you notify us in writing that you accept the non-renewal as stated.

We shall notify you of the amount of the premium for the time after the expiration date that the coverage may remain in effect, and you shall pay such premium unless you accept the stated non-renewal. The premium shall be calculated using the rates applicable to your coverage then in effect.

Proof of mailing will be sufficient proof of notice.

3. If we offer to renew this policy and you do not accept our offer during the current policy period, this policy will expire at the end of such policy period.



Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Endt. No. 27

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT - OREGON PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

We agree with you to the following:

- A. Item E. Definitions of Part Seven - Loss Reimbursement Deductible** is amended as follows: The definition of "Allocated Loss Adjustment Expenses" is deleted and replaced by the following: Allocated loss adjustment expenses includes all expenses, as defined in NCCI Filing U-1292, paid by us and specifically incurred for the investigation, settlement or defense of any actual claim, proceeding or suit seeking benefits or damages payable under this policy.
- B. Item 2. Cancellation under F. Amendment of Conditions of PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE** is amended to include the following additional paragraphs.

You must report all workers' compensation insurance claims to us. We retain responsibility to administer claims and to pay all costs and expenses.

If we discover that you have on three occasions within the policy period known of but not reported a workers' compensation insurance claim to us or have on any occasion within the policy period made direct payment of claim costs to the injured employee, this endorsement or the policy will be cancelled.

We will cancel the policy in accordance with **ORS 656.427 Termination of guaranty contract by insurer** by giving you 30 days written notice.

We will cancel the **PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE** endorsement effective not more than ten (10) days following the date of the offense or retroactively to the date of the offense with penalties as stated below:

When the **PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE**

endorsement is deleted, the premium for any remaining portion of the policy term will be computed by using the rating plans currently filed and approved in Oregon.

- C. Item 4. Premium Assessments** is added under **F. Amendment of Conditions of PART SEVEN LOSS REIMBURSEMENT DEDUCTIBLE** as follows:

4. Premium Assessments

The basis for the Workers' Compensation Premium Assessment will be premium earned prior to any premium credits or modifications for the **PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE** endorsement.

The basis for any assessments by the Plan Administrator for the Workers' Compensation Insurance Plan specified by OAR 836-43-1 to 836-43-090 will be premium earned prior to any premium credits or modifications for the **PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE** endorsement.

D. Item A. Inspection

Inspection under Part Six-Conditions Section

A. of the policy is amended to include the following:

The Hartford, in cooperation with your agent, makes Loss Control Services available to assist you in your loss prevention efforts. For further details, refer to the Important Message to Workers Compensation Policy Holders Notice attached to your policy.

E. Item 5. Final Premium

Final Premium under **Part Five-Premium Section E.** of the policy is amended to include the following additional paragraph.

Your Deductible Credit will be recalculated based upon:

- a. your audited Standard Premium and
- b. the ranges and deductible credits shown in the Schedule below.

SCHEDULE**DEDUCTIBLE CREDIT**

- (1) Based on the estimated Oregon standard Premium shown on the Policy.
- (2) Based on an audited Oregon Standard Premium that is 50% of the estimated Oregon Standard Premium shown on the Policy.
- (3) Based on an audited Oregon Standard Premium that is 150% of the estimated Oregon Standard Premium shown on the Policy.

* SEE OREGON SCHEDULE *

* SEE OREGON SCHEDULE *

* SEE OREGON SCHEDULE *

If the audited Oregon Standard Premium falls within the ranges shown above, the final deductible credit will be obtained by linear interpolation. If the audited Oregon standard Premium is greater than 150% of your estimated Oregon premium shown on the policy, we will recalculate your final Deductible Credit based on the audited Oregon Standard Premium.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

Policy Number: 57 WV WQ0015

Endorsement Number: 28

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for reimbursing "allocated loss adjustment expense" is limited to the deductible amounts shown in the Schedule.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

CA

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in Item 1 of the Information Page) agree with you (the insured first named in Item 1 of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of

PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event." The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not

reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY LIMITS).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

Notwithstanding the deductible, your failure to reimburse us for losses paid within the "Loss Reimbursement Deductible Accounts" shall not relieve us from the payment of compensation for benefits due to or injuries sustained by your employee during the period of time the policy was in effect.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits, and "allocated loss adjustment expenses" that we pay under PART ONE (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits, and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in Item 2 of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E, - (We will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense." A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery From Others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) to the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) may result in cancellation of this endorsement. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible, this endorsement may be cancelled. If you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be cancelled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice

stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

Cancellation under this provision will be prospective and shall not affect our obligations under the policy during the time the policy was in effect.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the WORKERS COMPENSATION POLICY is replaced by the following.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 29

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000 Per "Loss Event"

Aggregate Deductible Limit: NONE Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

NE, VA

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement may be canceled for nonpayment of premium.

We may cancel this endorsement due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 30

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

NH

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as a material change in conditions, and among other consequences, may result in cancellation of this endorsement or the policy. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for a material change in conditions.

Mailing the cancellation notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The Named Insured(s) in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Endt. No. 31

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT - PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE (NEW HAMPSHIRE)

Paragraph 3. **Sole Representative** under section F. **Amendment of Conditions** of the **PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE** endorsement attached to this policy is replaced by the following:

- E. The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium and give us notice of cancelation. If we cancel this policy, we will give each named insured notice of cancelation.

Countersigned by

Authorized Agent

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 32

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

VT

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804



Endt. No. 33

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s): New York

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you and the office of the Chair of the Workers' Compensation Board not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy for reasons other than nonpayment of premium in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy. Such notice will be mailed or delivered to you and the office of the Chair of the Workers' Compensation Board not less than thirty days advance written notice stating the day and hour the cancellation is to take effect.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

AMENDATORY ENDORSEMENT

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE - VERMONT

Policy Number

57 WV WQ0015

Named Insured and Address

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH, SUITE 600

RICHMOND, CA 94804

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective Date

04/01/2024

Effective hour is the same as stated

in the Information Page of the policy.

Endt. No.

34

With respect to the state of Vermont, it is agreed that item 2. Cancellation of the **Loss Reimbursement Deductible Endorsement** attached to this policy is replaced by the following:

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs:

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

If you are unable to maintain or increase the security that you provide to secure the amounts payable under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled.

We may cancel the endorsement by mailing or delivering to you not less than forty-five(45) days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX section D. - (Cancellation) of this policy or any endorsement amending such provisions.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 35

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit:	\$250,000	Per "Loss Event"
Aggregate Deductible Limit:	NONE	Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

IL

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as a material change in conditions, and among other consequences, may result in the policy being rerated as a guaranteed cost program using filed programs or cancellation of the policy for violation of the terms and conditions of the policy. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), the policy may be rerated as a guaranteed cost program using filed programs or canceled for violation of the terms and conditions of the policy. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, the policy may be rerated as a guaranteed cost program using filed programs or canceled for violation of the terms and conditions of the policy.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804



Endt. No. 36

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

TN

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How this Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

If you are unable to maintain or increase the security that you provide to secure the amounts payable under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement may be canceled resulting in the policy being rerated as a guaranteed cost program using filed programs.

We may cancel this policy by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Endt. No. 37

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

MI

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

We will pay all benefits due an injured employee and seek reimbursement from the employer.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" within 30 days after receipt of our billing, or within any period we may agree to in writing.

Notwithstanding the deductible, your failure to reimburse us for losses paid within the "Loss Reimbursement Deductible Accounts" shall not relieve us from the payment of compensation for benefits due to or injuries sustained by your employee during the period of time the policy was in effect.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, and pay or receive premium, give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 38

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit:	\$250,000	Per "Loss Event"
Aggregate Deductible Limit:	NONE	Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

SC

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024

Named Insured and Address: SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Endt. No. 39

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN - LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the deductible, including the aggregate deductible, is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s): AR

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible.

B. How This Endorsement Applies:

To the extent that PART SEVEN - (LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE - (PREMIUM) of this policy, the provisions of PART SEVEN (LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE - (PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX. We are responsible for all "Losses" that occur during the term of this policy whether or not such loss is handled by us or by a Third Party Administrator (TPA).

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

If claims are handled by a third party administrator, the TPA is responsible to us for guidance and final authority in determining whether an injury or illness constitutes a compensable claim.

You may not pay claims directly or decline to report claims to us or, if applicable, the TPA. You may not attempt to control or influence the claims adjustment process, regardless of whether the claim is handled by us or a TPA, except to the extent allowed by law. You will cooperate fully in furnishing to us or, if applicable, the TPA, all information which we or the TPA deem relevant to the claim.

D. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits and "allocated loss adjustment expenses" that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits and "allocated loss adjustment expense" that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D. - (Cancellation) under PART SIX - (CONDITIONS) is amended to include the following additional paragraphs.

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation of this endorsement or the policy for nonpayment of premium. Likewise, if you fail to execute and return to us agreements associated with the insurance and service programs, arising out of this policy and documentation evidencing same, within thirty (30) days from the inception of this policy or from the date of mailing by the company of said agreements (whichever is later), this endorsement or the policy may be canceled. Also, if you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this endorsement or the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing or delivering to you not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

3. Sole Representative

Section E. (Sole Representative) under PART SIX - (CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.

4. Your Duties If Injury Occurs

PART FOUR - YOUR DUTIES IF INJURY OCCURS of the workers compensation policy is amended to include the following additional paragraph.

- 7. Each insured is responsible for reporting all claims within the deductible amount to us.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Endt. No. 40

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART SEVEN-LOSS REIMBURSEMENT DEDUCTIBLE

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts**.

Additional information regarding the application of the "Loss Event" and Aggregate deductible is contained in the Insurance Program Agreement.

2. This endorsement applies in the following state(s):

AZ

The **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which this endorsement is attached is changed as follows:

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this PART SEVEN-(LOSS REIMBURSEMENT DEDUCTIBLE) is added to and forms a part of the policy:

A. Purpose of This Endorsement:

We have added PART SEVEN-(LOSS REIMBURSEMENT DEDUCTIBLE) because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible plus all "allocated loss adjustment expense".

B. How this Endorsement Applies:

To the extent that PART SEVEN-(LOSS REIMBURSEMENT DEDUCTIBLE) provides for a different method of determining and paying the premium than the method described in PART FIVE-(PREMIUM) of this policy, the provisions of PART SEVEN-(LOSS REIMBURSEMENT DEDUCTIBLE) apply. Otherwise, PART FIVE-(PREMIUM) and all other provisions of this policy remain unchanged.

C. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in Part D. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO-(EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts". Our payment of "Loss" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss"; provided, however, we will correct any errors in calculating or recording the amounts of "Loss" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Accounts" within 30 days after receipt of our billing, or within any period we may agree to in writing.

D. How Loss Reimbursement Deductibles Apply:

1. The damages and benefits that we pay under PART ONE-(WORKERS COMPENSATION INSURANCE) and PART TWO-(EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductible shown in the Schedule.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages and benefits (including "allocated loss adjustment expense") that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule. We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE-(WORKERS COMPENSATION INSURANCE) and PART TWO-(EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

E. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE-(WORKERS COMPENSATION INSURANCE) section D. and PART TWO-(EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident and (2) all benefits and all damages that we pay under this policy because of bodily injury by disease and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us.

F. Amendment of Conditions

1. Recovery From Others

Recovery from others under PART ONE-(WORKERS COMPENSATION INSURANCE) section G. and PART TWO-(EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy are amended by adding the following paragraph.

Recoveries shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

Section D.-(Cancellation) under PART SIX-(CONDITIONS) is amended to include the following additional paragraphs.

The amount of the Aggregate Deductible Limit is not subject to reduction by mid-term cancellation.

If you fail to reimburse us for deductible amounts when due, we may, at our discretion, cancel this policy in accordance with the terms and conditions of such policy for non payment of premium.

We may cancel the policy in accordance with the provisions under PART SIX-section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

3. Sole Representative

Section E. (Sole Representative) under PART SIX-(CONDITIONS) of the workers compensation policy is replaced by the following.

E. Sole Representative

The insured first named in item 1 of the Information Page will act on behalf of all insureds to change this policy, reimburse deductible amounts, pay or receive premium, and give or receive notice of cancellation.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS REIMBURSEMENT - LARGE DEDUCTIBLE

Policy Number: 57 WV WQ0015

Endorsement Number: 41

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

SCHEDULE

1. Deductible Limits

Each "Loss Event" Deductible Limit: \$250,000

Per "Loss Event"

Aggregate Deductible Limit: NONE

Per Aggregate Limit Period

Your responsibility for Allocated Loss Adjustment Expenses is **limited to the deductible amounts.**

2. This endorsement applies in the following state(s):

TX

This endorsement applies to the **WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY** to which it is attached. This endorsement also applies to the insurance provided by any endorsement to this policy.

We (the insurer named in item 1. of the Information Page) agree with you (the insured first named in item 1. of the Information Page) that this endorsement is added to and forms a part of the policy:

A. Purpose Of This Endorsement:

We have added this endorsement because you have chosen to reduce the cost of this insurance policy by reimbursing us for all payments that are subject to a Loss Reimbursement Deductible plus all "allocated loss adjustment expense".

B. Handling Claims and Reimbursement:

We will make such investigation, defense or settlement as we deem prudent of any claim, suit or proceeding seeking benefits or damages payable under PART ONE through SIX.

As we pay "Loss" under your policy, we will set up a separate "Loss Reimbursement Deductible Account" for each "Loss Event". We will charge to each "Loss Reimbursement Deductible Account" all payments attributable to the applicable "Loss Event". The amount of "Loss" we will charge, and for which you must reimburse us, is limited as described in part C. (How Loss Reimbursement Deductibles Apply) of this Endorsement, and reduces any applicable Limits of Liability, except that "allocated loss adjustment expense" shall not reduce the policy limits of liability under PART TWO - (EMPLOYERS LIABILITY INSURANCE).

We will bill you periodically for charges to the "Loss Reimbursement Deductible Accounts" plus all "allocated loss adjustment expense". Our payment of "Loss" and all "allocated loss adjustment expense" under this policy, as duly recorded on our books, shall be deemed valid and binding to establish the fact, amount and justification of the "Loss" provided, however, we will correct any errors in calculating or recording the amounts of "Loss" or "allocated loss adjustment expenses" charged to the Deductibles as they come to our attention.

You agree to reimburse us for all charges to the "Loss Reimbursement Deductible Account" and all "allocated loss adjustment expense" within 30 days after receipt of our billing, or within any period we may agree to in writing.

C. How Loss Reimbursement Deductibles Apply:

1. The damages, benefits that we pay under PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE) of this policy will be charged to the applicable "Loss Reimbursement Deductible Account" up to the amount of the Deductibles shown in the Schedule. Your responsibility for reimbursing "allocated loss adjustment expense" is limited to the deductible amount.

2. Each Loss Event Deductible:

Subject to the Aggregate Deductible Limit, the damages, benefits (excluding "allocated loss adjustment expense"), that we pay as a result of any one "Loss Event" will be charged to the "Loss Reimbursement Deductible Account" up to the amount of the Each "Loss Event" Deductible Limit shown in the Schedule.

3. Aggregate Deductible:

The total amount that we may charge to all "Loss Reimbursement Deductible Accounts" for all "Loss Events" shall not exceed the Aggregate Deductible Limit stated in the Schedule plus all "allocated loss adjustment expense". We will assign a date of loss to the "Loss Event" that is consistent with the provisions of PART ONE - (WORKERS COMPENSATION INSURANCE) and PART TWO - (EMPLOYERS LIABILITY INSURANCE).

The Aggregate Deductible Limit is applicable to the policy term as shown in item 2. of the Information Page.

D. Definitions:

When used in reference to this policy:

"Allocated Loss Adjustment Expense" includes all expenses we pay under this policy that were specifically incurred for the investigation, settlement or defense of any actual claims, proceedings or suits seeking benefits or damages payable under this policy. These expenses include, but shall not be limited to: (1) attorneys fees and (2) costs incurred under PART ONE - (WORKERS COMPENSATION INSURANCE) section D. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section E. - (We Will Also Pay).

"Loss" includes: (1) all benefits and all damages that we pay under this policy because of bodily injury by accident; (2) all benefits and all damages that we pay under this policy because of bodily injury by disease; and (3) all expenses classified as "Allocated Loss Adjustment Expense". A disease is not bodily injury by accident unless it results directly from bodily injury by accident, in which case it is not bodily injury by disease.

"Loss Event" means: (1) all bodily injury to one or more employees in any one accident or (2) with respect to injury by disease, all injury to any one employee.

"Loss Reimbursement Deductible Account" is an account used to keep track of the amount of "Loss" we pay because of a "Loss Event". Amounts charged to the deductible are reimbursable by you to us in addition to all "allocated loss adjustment expense".

E. Other Conditions

1. Recovery From Others

Recovery from others under PART ONE - (WORKERS COMPENSATION INSURANCE) section G. and PART TWO - (EMPLOYERS LIABILITY INSURANCE) section H. (Recovery From Others) of the policy shall be applied, in the following order, to reimburse:

- (a) any interest (including the Named Insured) that paid any amount in excess of our limits of liability;
- (b) us up to the amount we paid in excess of the deductible amount; and
- (c) you for deductible amounts you reimbursed to us.

2. Cancellation

A condition of the Deductible Program, which has been negotiated between you and us, is that security and/or prefunded loss deposits, in an amount which is mutually agreeable, will be provided to us by you within thirty (30) days of the effective date of the policy. Failure to provide or maintain any such required security, including agreed upon installments by the dates due (if your program allows for security and/or prefunded loss deposits to be made in installments) shall be treated as failure to pay premium when due, and among other consequences, may result in cancellation the policy for nonpayment of premium. If you are unable to maintain or increase the security that you provide to secure the amounts for which you may be obligated under the deductible or if you fail to reimburse us for deductible amounts when due, this the policy may be canceled for nonpayment of premium.

We may cancel this policy due to nonpayment of premium by mailing by certified mail, or delivering to you in person, not less than ten days advance written notice stating the day and hour the cancellation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.

We may cancel this policy in accordance with the provisions under PART SIX - section D. (Cancellation) of this policy or any state amendatory endorsement amending such provisions.

In the event that we initiate cancellation of this policy the aggregate limit of this endorsement will be pro rated for the term for which the policy is inforce. If you should initiate cancellation of this policy the aggregate limit will not be reduced.

3. **Sole Representative**

The insured first named in item 1. of the Information Page will act on behalf of all insureds to reimburse deductible amounts.

Policy Number: 57 WV WQ0015

Effective Date: 04/01/2024



Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
Endt. No. 42 RICHMOND, CA 94804

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE TO INSURED - NEW YORK

If you elect to use Workers' Compensation deductible endorsement Form WC 99 05 12, you will be responsible for the reimbursement to us of all allocated loss adjustment expenses from Workers' Compensation and Employer's Liability claims but this responsibility is limited by the deductible limit on your policy.

I hereby acknowledge I have read and understood the above statement. I have elected to use Form WC 99 05 12.

Accepted by: _____

Title: _____

Date: _____



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Longshore and Harbor Workers' Compensation Act Coverage Endorsement

Policy Number: 57 WV WQ0015

Endorsement Number: 43

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusions 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State

IF ANY

Longshore and Harbor Workers' Compensation Act Coverage Percentage

TO BE DETERMINED AT AUDIT

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Countersigned by

James E. Castaneda



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT - CALIFORNIA

Policy Number: 57 WV WQ0015

Endorsement Number: 44

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in California. The policy applies to that work as though California were listed in Item 3.A. of the Information Page.

General Section C. Workers' Compensation Law is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers' or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers' or

workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

The estimated premium for the Longshore and Harbor Workers' Compensation Act coverage provided by this endorsement is as shown in the Schedule below or Item 4 of the Information Page.

SCHEDULE

Code No.	Classification	Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
TO BE DETERMINED AT AUDIT				
IF ANY				

Total Estimated Annual Premium

\$ Included

Countersigned by



Authorized Representative

Form WC 04 01 01 A

(1) Printed in U.S.A.

Process Date:

Policy Expiration Date:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**VOLUNTARY COMPENSATION AND EMPLOYERS
LIABILITY COVERAGE ENDORSEMENT**

Policy Number 57 WV WQ0015

Endorsement Number: 45

Effective Date 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in Item 1 of the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees

described in Item 1 of the Schedule were subject to the workers compensation law shown in Item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of employment shown in the Schedule were shown in item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers Compensation Law
Volunteer workers in the course and scope of activities subject to the direction or control of (named insured).	Hawaii	The state where the injured volunteer resides

Countersigned by _____
Authorized Agent



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 46

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees

described in the Schedule were subject to the Workers Compensation Law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

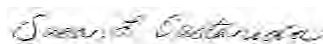
F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

SCHEDULE

Employees	State of Employment	Designated Workers Compensation Law
Volunteer workers in the course and scope of activities subject to the direction or control of (named insured).	All states except: CA, HI, MI, NJ, WI	The state where the injured volunteer resides.

Countersigned by _____



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**VOLUNTARY COMPENSATION AND EMPLOYERS
LIABILITY COVERAGE ENDORSEMENT
CALIFORNIA**

Policy Number: 57 WV WQ0015

Endorsement Number: 47

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

If the employer named in Item 1 of the Information Page has in his employment persons not entitled to compensation under Division 4 of the Labor Code of the State of California, this policy shall operate as an election on the part of the employer to come under the compensation provisions of Division 4 with respect to those persons described in the Schedule below.

This policy applies to those persons described in the Schedule below as employees.

SCHEDULE

All officers and employees not subject CALIFORNIA
to Workers Compensation laws

CALIFORNIA

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY REIMBURSEMENT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 48

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Voluntary Compensation and Employers Liability Reimbursement to the policy.

A. How This Reimbursement Applies

This reimbursement applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the employees described in the Schedule.
2. The bodily injury must occur in the course of employment necessary or incidental to work in a country listed in the Schedule.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last exposure to those conditions of your employment must occur during the policy period.

B. We Will Reimburse

We will reimburse you for all amounts paid by you whether such amounts are:

1. voluntary payments for the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule, or
2. sums to which Part Two (Employers Liability Insurance) would apply if the Country of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

C. Exclusions

This insurance does not cover:

1. any occurrences in the United States, Canada, and any country or jurisdiction which is the subject of trade or economic sanctions

imposed by the laws or regulations of the United States of America in effect as of the inception date of this policy.

2. any obligation imposed by a workers compensation or occupational disease law, or any similar law,
3. bodily injury intentionally caused or aggravated by you,
4. liability for any consequence, whether direct or indirect, of war, invasion, act of Foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No endorsement now or subsequently attached to this policy shall be construed as overriding or waiving this limitation unless specific reference is made thereto.

D. Before We Pay

Before we reimburse you for the benefits to the persons entitled to them, you must have them:

1. release you and us, in writing, of all responsibility for the injury or death,
2. transfer to us their right to recover from others who may be responsible for their injury or death,
3. cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits paid fail to do these things, our duty to reimburse ends at once. If they claim damages from us for the injury or death, our duty to reimburse ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we reimbursed. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits make a recovery from others, they must repay us for the amounts that we have reimbursed you.

F. Reimbursement For Actual Loss Sustained

This endorsement provides only for reimbursement for loss you actually sustain. In order for you to recover loss or expense under this reimbursement agreement you must:

1. actually sustain and pay the loss or expense in money after trial, or
2. secure our consent for the payment of the loss or expense.

SCHEDULE

Employees

Country of Employment

**Designated Workers
Compensation Law**

ALL EMPLOYEES HEADQUARTERED
IN STATES SHOWN IN ITEM 3
OF THE INFORMATION PAGE.

WORLDWIDE PER FORM WC990041C

STATE OF HIRE

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Voluntary Compensation Maritime Coverage Endorsement

Policy Number: 57 WV WQ0015

Endorsement Number: 49

Effective Date: 04/01/2024

Effective hour is the same as stated in the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee who is master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in item 1 of the Schedule were subject to the workers' compensation law shown in item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

Schedule

1. Employees

Workers Compensation Law

Master and members of the crews of these vessels:

2. Description of Work: IF ANY

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONNECTICUT FOREIGN VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 50

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Foreign Voluntary Compensation Insurance to the policy to which it is attached, effective on the inception date of the policy unless a different date is indicated. State law may already provide benefits to employees working outside of the United States of America and this endorsement does not limit or reduce any benefits required by state workers compensation law.

Section 1. Employees Covered

- A. The additional coverage provided by this endorsement applies only to employees listed in Item 1. of the Schedule of this endorsement provided they are hired within the limits of the United States of America. It provides additional coverage for the listed employees while they are traveling or temporarily residing in the country(ies) named in Item 1. of the Schedule of this endorsement. Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.

Section 2. How This Insurance Applies

This additional coverage applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death.

- A. An employee listed in Item 1. of the Schedule of this endorsement must sustain the bodily injury.
- B. The bodily injury must arise out of and occur in the course of your employment in the country(ies) listed in Item 1. of the Schedule of this endorsement.
- C. Bodily injury by accident must occur during the policy period.
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions causing or aggravating such bodily injury must occur during the policy period.

Section 3. Exclusions

This endorsement amends Section C. of Part Two of the Policy by adding the following exclusions for coverage under this endorsement:

- A. Bodily injury arising from any direct or indirect consequence of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation;
- B. Compensation or benefits imposed by any occupational disease, disability benefits law, plan or any similar law or plan; and
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under such law. If this is not possible, we will reimburse you for amounts you are required to pay under the law.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the state workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6-Repatriation Expense.
- B. We have the option of requesting you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - 1. Release you and us in writing from all responsibility for the bodily injury or death;

- 2. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement; and
- 3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions for a workers compensation law, plan, or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If you are required to pay any benefits to an employee listed in Item 1. of the Schedule of this endorsement under a workers compensation or occupational disease law of the country(ies) listed in Item 1. of the Schedule of this endorsement, we will reimburse you up to, but not in excess of, the cost of benefits that would be payable under the applicable workers compensation law of the state designated in the same Schedule.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend or reimburse you for any suit or proceeding against you outside of the United States of America.

- D. The coverage that Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any country(ies) named in Item 1. of the Schedule of this endorsement.

Section 6. Repatriation Expense

This section only applies to coverage provided under Sections 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to the employees listed in Item 1. of the Schedule of this endorsement. In the event that an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee or accident.

The policy does not afford coverage for repatriation expenses unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two-Employers Liability of the policy with respect to the coverage this endorsement provides:

B. We Will Pay

We will pay, on your behalf, all sums that you become legally obligated to pay as damages *because of bodily injury by accident or disease, including resulting death, sustained in any country(ies) designated in Item 1. of the Schedule of this endorsement other than the United States of America* by any of your employees listed in Item 1. of the Schedule of this endorsement arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

- A. We will reimburse you for all reasonable expenses you incur, including attorney fees in defending any suit against you alleging injury

and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend or reimburse you for any suit or any proceeding brought against you outside the United States of America.

- B. The limit of our liability under Part Two will be in accordance with the following provisions:

The words "damages because of bodily injury by accident or disease, including resulting in death" in Section 7-B above include damages for care and loss of services. These words also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees listed in Item 1. of the Schedule of this endorsement sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by accident" is the most we will pay for all damages, including damages for care and loss of services, to one or more employees listed in item 1. of the Schedule of this endorsement in any one accident.

The limit of liability in Item 3. of the Schedule of this endorsement that applies to "bodily injury by disease—policy limit" is the most we will pay for all damages because of bodily injury by disease, including resulting death, regardless of the number of employees listed in item 1. of the Schedule of this endorsement who sustain bodily injury by disease outside the United States of America.

The limit shown in Item 3. of the Schedule of this endorsement for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee listed in item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

We will not make any additional payments for any claims for damages after we have paid the applicable limit of liability as shown in Items 2. and 3. of the Schedule of this endorsement.

Section 8. Premium

In addition to the provisions of Part Five—Premium of the policy, the following provisions will apply to this endorsement:

- A. We will compute the premium for this coverage in accordance with Part Five of the policy, upon all remuneration paid to employees shown in Item 1. of the Schedule of this endorsement while traveling or residing in the country(ies) listed in the same Schedule for a period of no longer than the maximum number of consecutive days per policy period indicated in Item 1. of the Schedule of this endorsement.

Each period of travel or temporary residence for each listed employee may be no longer than the maximum number of consecutive days shown in Item 1. of the Schedule of this endorsement.

- B. We will determine the premium for this coverage on the basis of the workers compensation rules, classifications, and rates

approved by the appropriate regulatory authority for the state workers compensation law designated in Item 1. of the Schedule of this endorsement.

- C. You must maintain payroll records for any employee covered by the provisions of this endorsement.

Section 9. Other Insurance

The following provision replaces Section E of Part One and Section F of Part Two of the policy with respect to the coverage this endorsement provides:

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance, except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

1. Name(s) of Employees	Country(ies) of Operations	Maximum Number of Consecutive Days	Designated Workers Compensation Law
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CT

2. Limits of Liability for Repatriation Expense

\$ _____	Each employee
\$ _____	Each accident

3. Limits of Liability for Part Two—Employers Liability

\$ _____	Bodily injury by accident—each accident
\$ _____	Bodily injury by disease—each employee
\$ _____	Bodily injury by disease—policy limit



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 51

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

China Lake Trust
c/o Wells Fargo Delaware Trust Company, National Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801
Attn: Corporation Trust

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 51

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER FROM US.

ENDORSEMENT IS NOT APPLICABLE IN KY, NH, NJ OR ANY MO CONSTRUCTION RISK.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 51

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

Eastern Municipal District
Attn: Field Engineering Department
P.O. Box 8300
Perris, CA 92572-8300
Desc: Spec 1222-2 Solar Photovoltaic Renewable Energy Design/Build Project
2270 Tumble Road
Perris, CA 92770

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 57 WV WQ0015

Endorsement Number: 52

Effective Date: 04/01/2024

Effective hour is the same as stated on the Declarations of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.00 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 57 WV WQ0015

Endorsement Number: 52

Effective Date: 04/01/2024

Effective hour is the same as stated on the Declarations of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5.00 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

China Lake Trust
c/o Wells Fargo Delaware Trust Company,
National Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801
Attn: Corporation Trust

All California Operations

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 57 WV WQ0015

Endorsement Number: 52

Effective Date: 04/01/2024

Effective hour is the same as stated on the Declarations of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5.00 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

Eastern Municipal District
Attn: Field Engineering Department
P.O. Box 8300
Perris, CA 92572-8300

Spec 1222-2 Solar Photovoltaic Renewable
Energy Design/Build Project
2270 Tumble Road
Perris, CA 92770

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM
OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: 57 WV WQ0015

Endorsement Number: 52

Effective Date: 04/01/2024

Effective hour is the same as stated on the Declarations of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5.00 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

The Irvine Company LLC
Attn: Liliana Klee
110 Innovation Drive
Irvine, CA 92617

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS WAIVER OF OUR RIGHT TO
RECOVER FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 53

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out

of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Special Waiver
Name of person or organization

(x) Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:
The premium charge for this endorsement shall be 2.00 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS WAIVER OF OUR RIGHT TO
RECOVER FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 53

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out

of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

Eastern Municipal District
Attn: Field Engineering Department
P.O. Box 8300, Perris, CA 92572-8300

1. ☒ Special Waiver
Name of person or organization
- ☐ Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
2. Operations:
Spec 1222-2 Solar Photovoltaic Renewable Energy Design/Build Project
2270 Tumble Road
Perris, CA 92770
3. Premium:
The premium charge for this endorsement shall be 5.00 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. Advance Premium:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEXAS WAIVER OF OUR RIGHT TO
RECOVER FROM OTHERS ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 53

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out

of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- China Lake Trust c/o Wells Fargo Delaware Trust Company, National Association as Trustee, 919 North Market Street, Suite 1600, Wilmington, DE 19801 | Attn: Corporation Trust
1. ☒ Special Waiver
Name of person or organization

☐ Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
 2. Operations: ALL TEXAS OPERATIONS
 3. Premium:
The premium charge for this endorsement shall be 5.00 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
 4. Advance Premium:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH WAIVER OF SUBROGATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 54

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH WAIVER OF SUBROGATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 54

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

China Lake Trust
c/o Wells Fargo Delaware Trust Company, National Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801
Attn: Corporation Trust

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH WAIVER OF SUBROGATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 54

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule. Our waiver of rights does not release your employees' rights against third parties and does not release our authority as trustee of claims against third parties.

Schedule

Eastern Municipal District
Attn: Field Engineering Department
P.O. Box 8300
Perris, CA 92572-8300
Desc: Spec 1222-2 Solar Photovoltaic Renewable Energy Design/Build Project
2270 Tumble Road
Perris, CA 92770

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM DISCOUNT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 55

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

SCHEDULE

1. Table of States

Alabama	Illinois	Montana	South Carolina
Arkansas	Kansas	Nebraska	South Dakota
California	Kentucky	New Hampshire	Tennessee
Colorado	Louisiana	New Mexico	× Texas
Connecticut	Maine	New York	Utah
District of Columbia	Maryland	Oklahoma	Vermont
Georgia	Michigan	Oregon	Virginia
Hawaii	Mississippi		West Virginia
	Missouri		Wyoming

or any other State that has approved the premium discount plan applicable to the total policy premium on an interstate basis at the effective date of the policy.

2. Average percentage discount: 6.7 %
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WEST VIRGINIA EMPLOYERS LIABILITY INSURANCE INTENTIONAL ACT
EXCLUSION ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 56

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part Two - Employers Liability Insurance, C. - Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, including your deliberate intention as that term is defined by W. Va. Code § 23-4-2(d)(2).



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDEMIC DISEASE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 57

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes the Voluntary Compensation and Employers' Liability Reimbursement Endorsement WC 99 00 41 C.

The word "disease" as used in that endorsement includes any endemic diseases.

The coverage applies as if endemic diseases were included in the provisions of the Workers' Compensation Law designated in the Schedule.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

REPATRIATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 58

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes the Voluntary Compensation and Employers' Liability Reimbursement Endorsement WC 99 00 41 C.

Our reimbursement includes the additional expenses of repatriation to the United States of America necessarily incurred as a direct result of bodily injury.

Our reimbursement shall be limited as follows:

1. to the amount by which such expenses exceed the normal cost of returning the employee if in good health, or

2. in the event of death, to the amount by which expenses exceed the normal cost of returning the employee if alive and in good health.

In no event shall our reimbursement exceed the bodily injury by accident limit shown in Item 3.B. of the Information Page as respects any one such employee whether dead or alive.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 59

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

SCHEDULE

Description and Location of Work IF ANY



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MARITIME COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 60

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

A. How This Insurance Applies is replaced by the following.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily

injury by accident or by disease must be brought in the United States of America, its territories or possessions or Canada.

C. Exclusions is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. Bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. Your duty or obligation to provide transportation, wages, maintenance, and cure. This exclusion does not apply if a premium entry is shown in item 2 of the Schedule, except that punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law are excluded even if a premium is paid for transportation, wages, maintenance, and cure coverage.

D. We will Defend is changed by adding the following statement.

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease

arising out of work in each state shown in item 3.A of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

SCHEDULE

Designs, manufactures and deliver solar panels and systems.

1. Description of work.

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2. Transportation, Wages, Maintenance and Cure Premium \$

Exclusion: This insurance does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law even if a premium is paid for transportation, wages, maintenance, and cure coverage.

À. Limits of Liability

Bodily Injury by Accident	\$	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	each accident
Bodily Injury by Disease	\$	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	aggregate



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALTERNATE EMPLOYER ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 61

Effective Date: 04/01/2024

Effective hour is the same as stated in the Information page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

SCHEDULE

1. Alternate Employer

Address

As Required By Written Contract

**2. State of Special or
Temporary Employment**

3. Contract or Project



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
TEXAS NOTICE OF MATERIAL CHANGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 62

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

In the event of cancellation or other material change of the policy, we will mail advance notice to the person or organization named in the Schedule. The number of days advance notice is shown in the Schedule.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

1. Number of days advance notice: 45 days

2. Notice will be mailed to: China Lake Trust
c/o Wells Fargo Delaware Trust Company, National
Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801: Attn: Corporation Trust

Countersigned by _____
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION AND NON-RENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 63

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in Item 3.A. of the Information Page.

It is hereby understood and agreed that all cancellation provisions in the policy addressing the required number of days notice for cancellation by us or non-renewal by us are amended as follows:

- o 10 days notice will be given for notice of cancellation for non-payment of premium.
- o 30 days notice will be given for notice of cancellation for any other reason.
- o 45 days notice will be given for non-renewal.

Notwithstanding the provisions above, in no event will the number of days notice for cancellation or for non-renewal be fewer than the number of days required by North Carolina law.

If the provisions above are blank, the number of days notice required by North Carolina law will apply.

In the event of cancellation or nonrenewal of the policy, we will mail notice to the named insured, and to the additional person(s) or organization(s) named in the Schedule below, as required by North Carolina law:

SCHEDULE

POLICY NUMBER: 57 WV WQ0015



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FLORIDA - NOTICE OF CANCELLATION
TO DESIGNATED PERSON(S) OR ORGANIZATION(S)
OTHER THAN THE NAMED INSURED**

This policy is subject to the following conditions.

SCHEDULE	
Name of Person(s) or Organization(s)	Mailing Address
China Lake Trust c/o Wells Fargo Delaware Trust Company, National Association as Trustee	919 North Market Street, Suite 1600 Wilmington, DE 19801 Attn: Corporation Trust

This endorsement modifies insurance provided under Part Six – Conditions, D. Cancellation:

We may cancel this policy by mailing or delivering to the person(s) or organization(s) listed in the Schedule above, written notice of cancellation at least:

- a. 10 days before the effective date of cancellation or as required by statute, whichever is longer, if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation or as required by statute, whichever is longer, if the policy has been in effect for 90 days or less, if we cancel for any other reason; or
- 45 days if the policy has been in effect for more than 90 days, or as required by statute, whichever is longer, if we cancel for any other reason.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.

POLICY NUMBER: 57 WV WQ0015



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FLORIDA - NOTICE OF NON-RENEWAL
TO DESIGNATED PERSON(S) OR ORGANIZATION(S)
OTHER THAN THE NAMED INSURED**

This policy is subject to the following conditions.

SCHEDULE	
Name of Person(s) or Organization(s)	Mailing Address
China Lake Trust c/o Wells Fargo Delaware Trust Company, National Association as Trustee	919 North Market Street, Suite 1600 Wilmington, DE 19801 Attn: Corporation Trust

This endorsement modifies insurance provided under Part Six – Conditions, D. Cancellation:

We may non-renew this policy by mailing or delivering to the person(s) or organization(s) listed in the Schedule above, written notice of non-renewal at least:

- a. 45 days before the effective date of non-renewal or as required by statute, whichever is longer, if we non-renew for any reason.

If notice is mailed, proof of mailing to the address shown in the Schedule above will be sufficient proof of notice.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

Policy Number: 57 WV WQ0015

Endorsement Number: 66

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.
- D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the

certificate holder in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Schedule

Number of Days Notice:

Part A:	<u>45</u>
Part B:	<u>10</u>
Part C:	<u>45</u>
Part D:	<u>45</u>

Name and Mailing Address of Certificate Holder

China Lake Trust
c/o Wells Fargo Delaware Trust Company,
National Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801
Attn: Corporation Trust



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

Policy Number: 57 WV WQ0015

Endorsement Number: 67

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.
- D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the

certificate holder in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Schedule

Number of Days Notice:

Part A:	<u>30</u>
Part B:	<u>10</u>
Part C:	<u>30</u>
Part D:	<u>30</u>

Name and Mailing Address of Certificate Holder

"AS REQUIRED BY CONTRACT"



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

Policy Number: 57 WV WQ0015

Endorsement Number: 68

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

- A. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the certificate holder in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part C.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Schedule

Number of Days Notice:

Part A: 10

Part B: 45

Part C: 45

Name and Mailing Address of Certificate Holder

China Lake Trust
c/o Wells Fargo Delaware Trust Company,
National Association as Trustee
919 North Market Street, Suite 1600
Wilmington, DE 19801
Attn: Corporation Trust



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED GOVERNMENTAL ENTITY

Policy Number: 57 WV WQ0015

Endorsement Number: 69

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, or if coverages or limits are reduced below the minimum level contractually required by the governmental entity, notice of such cancellation or reduction in coverage will be provided to the governmental entity in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the governmental entity in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the governmental entity in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.

- D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the governmental entity in the schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the governmental entity's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled governmental entity under that Part.

Any notification rights provided by this endorsement apply only to active governmental entity(ies) who were issued a certificate of insurance applicable to this policy's term.

Failure to provide such notice to the government entity(ies) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.

Schedule

Number of Days Notice:

Part A:	<u>60</u>
Part B:	<u>30</u>
Part C:	<u>60</u>
Part D:	<u>60</u>

Name and Mailing Address of Governmental Entity

NAVFAC Atlantic
6506 Hampton Blvd
Norfolk, VA 23508



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER(S)

Policy Number: 57 WV WQ0015

Endorsement Number: 70

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided at least thirty (30) days in advance of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.
- B. If this policy is cancelled by the Company for non-payment of premium, or by the insured, notice of such cancellation will be provided within

ten (10) days of the cancellation effective date to the certificate holder(s) with mailing addresses on file with the agent of record or the Company.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

If notice is mailed, proof of mailing to the last known mailing address of the certificate holder(s) on file with the agent of record or the Company will be sufficient proof of notice.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO DESIGNATED CERTIFICATE HOLDER

Policy Number: 57 WV WQ0015

Endorsement Number: 71

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

- A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.
- B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.
- C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the

certificate holder(s) in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.

If notice is mailed, proof of mailing notice to the certificate holder's mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy's term.

Schedule

Number of Days Notice:

Part A: 60

Part B: 30

Part C: 60

Name and Mailing Address of Certificate Holder

NAVFAC Atlantic
6506 Hampton Blvd
Norfolk, VA 23508



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA CANCELATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 72

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Name of California Insurer:

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

The cancellation condition in Part Six (Conditions) of the policy is replaced by these conditions:

Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy for one or more of the following reasons:
 - a. Non-payment of premium;
 - b. Failure to report payroll;
 - c. Failure to permit us to audit payroll as required by the terms of this policy or of a previous policy issued by us;
 - d. Failure to pay any additional premium resulting from an audit of payroll required by the terms of this policy or any previous policy issued by us;
 - e. Material misrepresentation made by you or your agent;
 - f. Failure to cooperate with us in the investigation of a claim;
 - g. Material failure to comply with federal or state safety orders or written recommendations of our designated loss control representatives;
 - h. The occurrence of a material change in the ownership of your business;
 - i. The occurrence of any change in your business or operations that materially

increases the hazard for frequency or severity of loss;

- j. The occurrence of any change in your business or operation that requires additional or different classification for premium calculation;
 - k. The occurrence of any change in your business or operation which contemplates an activity excluded by our reinsurance treaties.
3. If we cancel your policy for any of the reasons listed in (a) through (f), we will give you 10 days advance written notice, stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. If we cancel your policy for any of the reasons listed in Items (g) through (k), we will give you 30 days advance written notice; however, we agree that in the event of cancellation and reissuance of a policy effective upon a material change in ownership or operations, notice will not be provided.
 4. If we mail the notice to you, the stated periods of notice and your right to remedy the condition will be extended by 5 days if the place of mailing and your mailing address is within California, 10 days if the place of mailing or your mailing address is outside of California and 20 days if the place of mailing or your mailing address is outside of the United States.
 5. The policy period will end on the day and hour stated in the cancellation notice.



PRODUCER COMPENSATION NOTICE

You can review and obtain information on The Hartford's producer compensation practices at www.TheHartford.com or at 1-800-592-5717.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY AMENDATORY ENDORSEMENT - CALIFORNIA

Policy Number: 57 WV WQ0015

Endorsement Number: 74

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

It is agreed that, anything in the policy to the contrary notwithstanding, such insurance as is afforded by this policy by reason of the designation of California in Item 3 of the Information Page is subject to the following provisions:

1. **Minors Illegally Employed - Not Insured.** This policy does not cover liability for additional compensation imposed on you under Section 4557, Division IV, Labor Code of the State of California, by reason of injury to an employee under sixteen years of age and illegally employed at the time of injury.
2. **Punitive or Exemplary Damages - Uninsurable.** This policy does not cover punitive or exemplary damages where insurance of liability therefor is prohibited by law or contrary to public policy.
3. **Increase in Indemnity Payment - Reimbursement.** You are obligated to reimburse us for the amount of increase in indemnity payments made pursuant to Subdivision (d) of Section 4650 of the California Labor Code, if the late indemnity payment which gives rise to the increase in the amount of payment is due less than seven (7) days after we receive the completed claim form from you. You are obligated to reimburse us for any increase in indemnity payments not covered under this policy and will reimburse us for any

increase in indemnity payment not covered under the policy when the aggregate total amount of the reimbursement payments paid in a policy year exceeds one hundred dollars (\$100).

If we notify you in writing, within 30 days of the payment, that you are obligated to reimburse us, we will bill you for the amount of increase in indemnity payment and collect it no later than the final audit. You will have 60 days, following notice of the obligation to reimburse, to appeal the decision of the insurer to the Department of Insurance.

4. **Application of Policy.** Part One, "Workers Compensation Insurance", A, "How This Insurance Applies", is amended to read as follows:

This workers compensation insurance applies to bodily injury by accident or disease, including death resulting therefrom. Bodily injury by accident must occur during the policy period. Bodily injury by disease must be caused or aggravated by the conditions of your employment. Your employee's exposure to those conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. **Rate Changes.** The premium and rates with respect to the insurance provided by this policy by reason of the designation of California in

Item 3 of the Information Page are subject to change if ordered by the Insurance Commissioner of the State of California pursuant to Section 11737 of the California Insurance Code.

6. **Long Term Policy.** If this policy is written for a period longer than one year, all the provisions of this policy shall apply separately to each consecutive twelve-month period or, if the first or last consecutive period is less than twelve months, to such period of less than twelve months, in the same manner as if a separate policy had been written for each consecutive period.
7. **Statutory Provision.** Your employee has a first lien upon any amount which becomes owing to you by us on account of this policy, and in the case of your legal incapacity or inability to receive the money and pay it to the claimant, we will pay it directly to the claimant.
8. Part Five, "Premium", E, "Final Premium", is amended to read as follows:

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If

the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

- a. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
- b. If you cancel, final premium may be more than pro rata; it will be based on the time this policy was in force, and may be increased by our short-rate cancellation table and procedure. Final premium will not be less than the pro rata share of the minimum premium.

It is further agreed that this policy, including all endorsements forming a part thereof, constitutes the entire contract of insurance. No condition, provision, agreement, or understanding not set forth in this policy or such endorsements shall affect such contract or any rights, duties, or privileges arising therefrom.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY TERMS CONTROLLING ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 75

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Notwithstanding the existence of any contract, service arrangement, agreement or obligation between Us (the insurer named in Item 1. of the Information Page) and you (the insured first named in Item 1. of the Information Page) that references or relates to this Policy, if there is any conflict between the terms contained in such contract, service arrangement, agreement or obligation and the terms contained in this Policy, then the Policy terms will prevail.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 76

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Name of California Insurer:

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule**State****Rate****Premium**



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYERS' LIABILITY COVERAGE AMENDATORY ENDORSEMENT - CALIFORNIA

Policy Number: 57 WV WQ0015

Endorsement Number: 77

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

The insurance afforded by Part Two (Employers' Liability Insurance) by reason of designation of California in item 3 of the information page is subject to the following provisions:

A. "How This Insurance Applies," is amended to read as follows:

A. How This Insurance Applies

This employers' liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury means a physical injury, including resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in California.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

C. The "Exclusions" section is modified as follows (all other exclusions in the "Exclusions" section remain as is):

1. Exclusion 1 is amended to read as follows:
 1. liability assumed under a contract.
2. Exclusion 2 is deleted.
3. Exclusion 7 is amended to read as follows:
 7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, termination of employment, or any personnel practices, policies, acts or omissions.
4. The following exclusions are added:
 1. bodily injury to any member of the flying crew of any aircraft.
 2. bodily injury to an employee when you are deprived of statutory or common law defenses or are subject to penalty because of your failure to secure your obligations under the workers' compensation law(s) applicable to you or otherwise fail to comply with that law.
 3. liability arising from California Labor Code Section 2810.3 which relates to labor contracting.

Countersigned by

Steven A. Castaneda

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 78

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the Virginia insurance provided by the policy because Virginia is shown in Item 3.A. of the Information Page.

For Virginia insurance, Part Six D. (Conditions-Cancellation) is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us. You must provide written notice of your cancellation, including the date of and reasons for the cancellation, to the Workers Compensation Commission.
2. We may cancel this policy. We will provide you with 30 days notice of cancellation. We will provide the Workers Compensation Commission with immediate notice of such cancellation. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
3. In the event of cancellation by you or us, you must provide 30 days written notice of the cancellation to your covered employees.
4. We may nonrenew your policy. We will provide 30 days notice to you and to the Workers Compensation Commission of our decision to nonrenew. This provision does not apply if you have obtained other insurance and that insurer has notified the Workers Compensation Commission that it is now providing your insurance.
5. If you fail to pay the premium due on this policy we may cancel the policy by providing 10 days notice to you and to the Workers Compensation Commission.

Countersigned by



Authorized Representative

Form WC 45 06 02 Printed in U.S.A.

Process Date: 05/02/2024

Policy Expiration Date: 04/01/2025



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH WORKPLACE SAFETY PROGRAM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 79

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

This endorsement is to inform you that you may be required to establish a workplace safety program and of the premium increase which will occur for failure or refusal to establish such a program.

You may be required to establish such a program if:

1. You have an experience modification factor of 1.00 or higher as determined by NCCI; or
2. You have a three-year loss ratio of 100% or higher.

If you are required to implement a workplace safety program, the program must include a written accident and injury reduction plan and must be reviewed annually.

Your premiums may be increased by 5% over any existing rates and premium modifications for failure or refusal to establish a workplace safety program. If an increase has been made to your premium for failure or refusal to establish a workplace safety program, the amount of the increase is listed in the Schedule below.

SCHEDULE

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DISTRICT OF COLUMBIA CANCELLATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 80

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because District of Columbia is shown in item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you and the Mayor not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing this notice to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.

Countersigned by _____


Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT COLORADO

Policy Number: 57 WV WQ0015

Endorsement Number: 81

Effective Date: 04/01/2024

Effective hour is the same as stated in the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

It is agreed that this policy covers all employees of the insured, including statutory employees, and covers all business operations of the insured in any lawful endeavors, whether naturally connected or not, with respect to compensation and other benefits required of the insured by the Workers Compensation Law.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONNECTICUT APPLICATION OF WORKERS
COMPENSATION INSURANCE ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 82

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Connecticut is shown in item 3.A. of the Information Page.

Section A, "How This Insurance Applies" of Part One, "Workers Compensation Insurance," is amended to read as follows:

This workers compensation insurance applies to injury by accident or injury by disease. Injury includes resulting death.

- (1) Injury by accident must occur during the policy period.
- (2) Injury by disease must be caused or aggravated by exposure during the policy period to conditions of your employment.

Countersigned by

Authorized Representative

New York Limit of Liability Endorsement

Policy Number

57 WV WQ0015

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective Date

04/01/2024

Effective hour is the same as stated
in the Information Page of the policy.

Endt. No.

83


Named Insured and Address

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New York is shown in item 3.A of the Information Page.

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to your employees if the bodily injury arises out of and in the course of employment that is subject to and is compensable under the Workers Compensation Law of New York.

Countersigned by



Authorized Agent

**Special Pennsylvania Endorsement
Inspection of Manuals**

Named Insured and Address

Policy Number

57 WV WQ0015

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH, SUITE 600

RICHMOND, CA 94804

Effective Date

04/01/2024

Effective hour is the same as stated

in the Information Page of the policy.

Endt. No.

84

The manuals of rules, rating plans, and classifications are approved pursuant to the provisions of Section 654 of the Insurance Company Law of May 17, 1921, P.L. 682, as amended, and are on file with the Insurance Commissioner of the Commonwealth of Pennsylvania.

Countersigned by

Authorized Representative

Pennsylvania Notice

Named Insured and Address

Policy Number 57 WV WQ0015

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective Date 04/01/2024	Effective hour is the same as stated in the Information Page of the policy.
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Endt. No. 85

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

An Insurance Company, its agents, employees or service contractors acting on its behalf, may provide services to reduce the likelihood of injury, death or loss. These services may include any of the following or related services incident to the application for, issuance, renewal or continuation of, a policy of insurance:

1. surveys;
2. consultation or advice; or
3. inspections.

The "Insurance Consultation Services Exemption Act" of Pennsylvania provides that the Insurance Company, its agents, employees or service contractors acting on its behalf, is not liable for damages from injury, death or loss occurring as a result of any act or omission by any person in the furnishing of or the failure to furnish these services.

The Act does not apply:

1. if the injury, death or loss occurred during the actual performance of the services and was caused by the negligence of the Insurance Company, its agents, employees or service contractors;
2. to consultation services required to be performed under a written service contract not related to a policy of insurance; or
3. if any acts or omissions of the Insurance Company, its agents, employees or service contractors are judicially determined to constitute a crime, actual malice, or gross negligence.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CLASSIFICATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 86

Effective Date 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Colorado is shown in Item 3.A. of the Information Page.

Section B. Classifications of Part Five (Premium) is amended by adding the following:

The assignment of a proper classification resulting in higher premium is allowed only if the misclassification was caused by your failure to provide accurate or complete data. If your operation changes during the policy term, you must notify us within ninety days of the change. Failure to notify us will be considered a failure to provide accurate or complete data.

Section E. Final Premium of Part Five is amended by adding this sentence at the end of the first paragraph:

Payments to us or to you based on improper classification may be collected or refunded during the term of the policy and for twelve months after the term.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 87

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

Countersigned by

Authorized Representative

WORKERS' COMPENSATION COST CONTAINMENT CERTIFICATION DISCLOSURE STATEMENT

Cost Containment Certification is available from the Colorado Workers' Compensation Cost Containment Board. If you obtain certification, your policy will be subject to a premium credit which will be shown separately on your policy.

PLEASE CHECK ONE (1) OF THE FOLLOWING BOXES BASED UPON YOUR BUSINESS ENTITY QUALIFICATION:

☐ I am aware if my business **does qualify** for experience and/or schedule rating under my workers' compensation insurance policy and my business has implemented a certified workers' compensation risk management program, my policy is subject to a 5% premium credit if the loss experience has improved since the last renewal date of workers' compensation insurance. This 5% premium credit is in addition to any schedule rating for which I may qualify.

or,

☐ I am aware if my business **does not qualify** for experience and/or schedule rating under my workers' compensation insurance policy and my business entity has implemented a certified workers' compensation risk management program, my policy is subject to the following premium credit:

Premium Dividend	Dividend Criteria
10%	If my business has been loss free for at least the last year immediately preceding the effective date of the premium credit.
8%	If my business had one medical loss exceeding \$250 in the last year immediately preceding the effective date of the premium credit.
6%	If my business had two medical losses, each exceeding \$250, in the last year immediately preceding the effective date of the premium credit.
4%	If my business had three medical losses, each exceeding \$250, in the last year immediately preceding the effective date of the premium credit.
2%	If my business had three medical losses, each exceeding \$250, and one claim for loss of time in the last year immediately preceding the effective date of the premium credit.
0%	If my business had more than three medical losses and one claim for loss of time in the last year immediately preceding the effective date of the premium credit.

*****PLEASE SIGN AND RETURN*****

Insured Signature _____

Policy Number 57 WV WQ0015

Issuing Office
Issuing Office
Address



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PENNSYLVANIA ACT 86-1986 ENDORSEMENT
NONRENEWAL, NOTICE OF INCREASE OF PREMIUM,
AND RETURN OF UNEARNED PREMIUM**

Policy Number: 57 WV WQ0015

Endorsement Number: 89

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Pennsylvania is shown in Item 3.A. of the Information Page.

The policy conditions are amended by adding the following regarding nonrenewal, notice of increase in premium, and return of unearned premium.

Nonrenewal

1. We may elect not to renew the policy. We will mail each named insured, by first class mail, not less than 60 days advance notice stating when the nonrenewal will take effect. Mailing that notice to you at your mailing address last known to us will be sufficient to prove notice.
2. Our notice of nonrenewal will state our specific reasons for not renewing.
3. If we have indicated our willingness to renew, we will not send you a notice of nonrenewal. However, the policy will still terminate on its expiration date if:
 - a. you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Notice of Increase in Premium

1. We will provide you with not less than 30 days advance notice of an increase in renewal premium of this policy, if it is our intent to offer such renewal.
2. The above notification requirements will be satisfied if we have issued a renewal policy more than 30 days prior to its effective date.
3. If a policy has been written or is to be written on a retrospective rating plan basis, the notice of increase in premium provision of this endorsement does not apply.

Return of Unearned Premium

1. If this policy is canceled and there is unearned premium due you:
 - a. If the Company cancels, the unearned premium will be returned to you within 10 business days after the effective date of cancellation.
 - b. If you cancel, the unearned premium will be returned within 30 days after the effective date of cancellation.

2. Because this policy was written on the basis of an estimated premium and is subject to a premium audit, the unearned premium specified in 1a. and 1b. above, if any, shall be returned on an estimated basis. Upon our completion of computation of the exact premium, an additional return premium or charge will be made to you within 15 days of the final computation.
3. These return or unearned premium provisions shall not apply if this policy is written on a retrospective rating plan basis.

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM DUE DATE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 90

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section D of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers

compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PART FIVE - PREMIUM AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 91

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement amends Part Five - Premium of the policy as follows:

Part Five - Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or an otherwise authorized by law as applicable.

Part Five - Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH CANCELLATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 92

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Utah is shown in Item 3.A. of the Information Page.

Cancellation Section (D) of Part Six - Conditions is replaced by the following:

A. Cancellation

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. If this policy has been previously renewed or has been in effect for at least 60 days, the provisions of this paragraph 2 apply. We may cancel this policy for one of the following reasons:
 - a. You fail to pay all premiums when due;
 - b. A material misrepresentation;
 - c. A substantial change in the risk assumed, unless we should reasonably have foreseen the change or contemplated the risk when entering into the contract;
 - d. Substantial breaches of contractual duties, conditions or warranties.

We will mail or deliver to you not less than 30 days advance written notice stating when the cancellation is to take effect, except in the event you fail to pay your premiums

when due, in which case we will mail or deliver to you not less than 10 days advance written notice stating when the cancellation is to take effect. Should we cancel for nonpayment of premiums, we must state this as the reason for the cancellation on our notice of cancellation. Should we cancel for any of the other reasons above, we must either state the facts on which our decision is based or notify you of your rights to make a written request for that information. Mailing a cancellation notice via first class to you at your mailing address last known to us will be sufficient to prove notice.

3. If this policy has not previously been renewed and has been in effect less than 60 days, we may cancel the policy for any reason and without a statement of reasons. We will deliver to you not less than 10 days advance written notice stating when the cancellation is to take effect.
4. The policy period will end on the day and hour stated in the cancellation notice.

B. Renewal / Nonrenewal

1. You have the right to have the insurance renewed unless:
 - a. The policy has been cancelled;
 - b. The policy is expressly designated as nonrenewable;

- c. You fail to pay the renewal premium by the due date. We will mail the renewal notice to you not more than 45 days nor less than 14 days prior to the renewal effective date. The renewal notice will include the estimated renewal premium, how it may be paid, and state that failure to pay the renewal premium by the due date extinguishes your right to the renewal; or
- d. We give you 30 days notice of nonrenewal prior to the expiration or the anniversary date. We must deliver or send the notice by first class to your last known mailing address.

- 2. If we offer to renew the policy but on less favorable terms or at higher rates, the new terms or rates will take effect on the renewal date if we delivered or sent by first class mail to you notice of the new terms or rates at least 30 days prior of the expiration date of the prior policy. The prior notice requirement does not apply if the only change is a rate increase generally applicable to your class of business, a rate increase resulting from a classification change, or a policy form change made to make the form consistent with Utah law.

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONNECTICUT NONRENEWAL AND RENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 93

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Connecticut is shown in Item 3.A. of the Information Page.

Part Six - Conditions, of the policy is revised by adding the following:

F. Nonrenewal

We may elect not to renew the policy. Unless otherwise provided by Connecticut General Statutes Annotated Section 38a-323, we will provide you at least 60 days' advance notice of our intention not to renew. Advance notice will be provided to you by one of the following methods:

1. Registered mail
2. Certified mail
3. Mail evidenced by a certificate of mailing
4. Delivered to the named insured at the address shown in the policy

Mailing such notice to you at your address, shown in Item 1. of the Information Page, will be deemed sufficient notice under this section.

The notice of intent not to renew will state or be accompanied by a statement specifying the reason for such nonrenewal.

G. Renewal

We may elect to renew the policy. In accordance with Connecticut General Statutes Annotated Section 38a-323, we will provide you at least 60 days' advance notice of our intent to renew if, compared to this policy, the terms or conditions of the renewal policy include any reduction in coverage limits, coverage provisions added or revised that reduce coverage or increases in deductibles.

This conditional renewal notice will be provided to you by one of the following methods:

1. Registered mail
2. Certified mail
3. Mail evidenced by a certificate of mailing
4. Delivered to the named insured at the address shown in the policy

Mailing such notice to you at your address, shown in Item 1., of the Information Page, will be deemed sufficient notice under this section.

This conditional renewal notice will include or be accompanied by a statement clearly identifying any reduction in coverage limits, coverage provisions added or revised that reduce coverage or increases in deductibles, under the renewal policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HAWAII NOTIFICATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 94

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies to the insurance provided by this policy because Hawaii is shown in Item 3.A. of the Information Page

Hawaii Law requires that all policies issued to employers for workers compensation insurance disclose clearly to employers as separate figures the portion of the premium charged for categories (1) through (5) below. Category (6) is provided for informational purposes only so that the figures total 100% in Column A. These figures are provided below in column A as percentages of standard premium because the rates are filed and approved on a standard premium basis. If the figures were

not provided as percentages of standard premium, the percentages would vary by policy based on any premium discounts applied to the individual policy. Hawaii law also requires the disclosure of the percentages of premiums expended during the previous year by the insurer for claims paid in the same categories. These percentages are provided below in column B based on the most recent available calendar year data. The figures in Column B may not total to 100% since premiums collected in any individual calendar year will not correspond exactly to the claims and expenses paid in that calendar year.

Category	A	B
(1) Medical care, services, and supplies		
(2) Wage loss benefits including temporary total, temporary partial, and permanent total disability benefits and their related benefits		
(3) Indemnity benefits for permanent partial disability		
(4) Death benefits		
(5) Loss control and administrative costs, attorney's fees of the insurer, the cost of employer requested medical examinations and private investigation costs		
(6) Production costs, general expense, premium tax, Special Compensation Fund, miscellaneous tax Hawaii Hurricane Relief Fund		

Countersigned by

Authorized Representative

Form WC 52 06 02 Printed in U.S.A.

Process Date:

Policy Expiration Date: 04/01/2025



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA COUNTERSIGNATURE EXCLUSION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 95

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Information Page.

Pursuant to A.R.S. §20-229(C), the following wording, as may be contained in this policy, does not apply in Arizona.

"This policy is not binding unless countersigned by our authorized representative."

"This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersigned on the Information Page of said policy by a duly authorized Agent of the company shall constitute valid countersignature of this endorsement."

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW JERSEY PART TWO EMPLOYERS LIABILITY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 96

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because New Jersey is shown in Item 3.A. of the information page.

With respect to Exclusion C5, this insurance does not cover any and all intentional wrongs within the exception allowed by N.J.S.A. 34:15-8 including but not limited to, bodily injury caused or aggravated by an intentional wrong committed by you or your employees, or bodily injury resulting from an act or omission by you or your employees, which is substantially certain to result in injury.

With respect to Exclusion C7 we will defend any claim, proceeding or suit for damages where bodily injury is alleged. We have the right to investigate and settle. We will not defend or continue to defend after the applicable limits of the insurance have been paid. Such policy limits include any legal costs assessed against you on behalf of your employee(s).

We may not limit our liability to pay damages for which we become legally liable to pay because of bodily injury to an infant under the age of 18 years in a proceeding made pursuant to Article 2 as provided in N.J.S.A. 34:15-10.

This insurance does not provide for the payment of any common law negligence damages or other damages when the provisions of Article 2 of the New Jersey Workers Compensation Law have been rejected by you and your employee(s) as provided in N.J.S.A. 34:15-9.

With respect to paragraph F., the "Other Insurance" provision is replaced with the following:

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

This insurance, however, is excess over any other applicable insurance with respect to claims for bodily injury arising out of employer practices, policies, acts or omissions enumerated in C7 above, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OREGON CANCELLATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 97

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Oregon is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us, stating when the cancellation is to take effect. If you provide for other insurance or self-insurance, your cancellation of coverage will take effect upon the effective date of that insurance.
2. We may cancel this policy. We will mail to you advance written notice stating when the cancellation is to take effect.
 - a) If we cancel, based on our decision not to offer insurance to all employers within your premium category, we will mail the notice of cancellation at least 90 days before the cancellation is to take effect.
 - b) If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.
 - c) If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take place.
3. Mailing notice to you at your last known mailing address will be sufficient to prove notice.
4. The policy period will end at 12 midnight on the day stated in the cancellation notice.
5. When coverage is placed with another carrier as of the policy expiration date, a rejected renewal policy shall be withdrawn without charge, providing notice of nonrenewal is mailed and postmarked on or before the expiration date and is received from the insured by the insurer no later than 10 calendar days after said expiration date.



WORKERS' COMPENSATION SELECTION OF DESIGNATED MEDICAL PROVIDER DISCLOSURE STATEMENT

If you select two Designated Medical Providers meeting the following qualifications, a premium credit will be applied to your policy. For policies eligible for this credit as well as schedule rating, the combination of the 2.5% credit and the schedule modification cannot exceed +/-25%.

A qualified Designated Medical Provider is a medical provider, who:

- 1) Has a knowledge of work injuries;
- 2) Is knowledgeable of fee schedules;
- 3) Is decisive on medical-maximum-improvement determinations;
- 4) Communicates with you, the employer on such issues as case management and wellness programs;
- 5) Is knowledgeable of the employers operations.

The names of the providers must be posted and well publicized by you, the employer.

**** SIGN AND RETURN ****

I am aware of the availability of a premium credit of 2.5%, if I select two qualified Designated Medical Providers. For policies eligible for this credit as well as schedule rating, the combination of the 2.5% credit and the schedule modification cannot exceed +/-25%.

Insured Signature

Policy Number

57 WV WQ0015

Issuing Office

Issuing Office

Address



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 99

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies to the insurance provided by this policy, because Nevada is shown in Item 3.A. of the Information Page.

Part Six – Conditions, D. Cancellation of the policy is replaced by the following:

A. Midterm Cancellation

1. You may cancel this policy by mailing or delivering advance written notice to us stating when the cancellation is to take effect.
2. We will provide you not less than 10 days notice if this policy is cancelled because you failed to pay a premium or remit an amount due because of an endorsement for a deductible when due.
3. We will provide you not less than 30 days notice for any other cancellation reason permitted under Nevada law, including failure to pay additional premium charged due to an audit of any payroll under the terms of the current or previous policy.
4. No policy of industrial insurance that has been in effect for at least 70 days or that has been renewed may be cancelled, except on any one of the following grounds:
 - a. A failure by the policyholder to pay a premium for the policy of industrial insurance when due, including the failure of the policyholder to remit an amount due because of an endorsement for a deductible;

- b. A failure by the policyholder to:
 - (1) Report any payroll;
 - (2) Allow the insurer to audit any payroll in accordance with the terms of the policy or any previous policy issued by the insurer; or
 - (3) Pay any additional premium charged because of an audit of any payroll as required by the terms of the policy or any previous policy issued by the insurer;
- c. A material failure by the policyholder to comply with any federal or state order concerning safety or any written recommendation of the insurer's designated representative for loss prevention;
- d. A material change in ownership of the policyholder or any change in the policyholder's business or operations that:
 - (1) Materially increases the hazard for frequency or severity of loss;
 - (2) Requires additional or different classifications for the calculation of premiums; or
 - (3) Contemplates an activity that is excluded by any reinsurance treaty of the insurer;

- e. A material misrepresentation made by the policyholder; or
 - f. A failure by the policyholder to cooperate with the insurer in conducting an investigation of a claim.
5. We cannot cancel the policy when the referenced reasons are corrected by you within the time specified in the written notice of cancellation.

B. Nonrenewal

- 1. We may elect not to renew the policy. We will provide to you a written notice of our intention not to renew at least 60 days before the expiration date.
- 2. We need not provide notice of our intention not to renew if you have accepted replacement coverage, if you have requested or agreed to nonrenewal, or if the policy is expressly designated as nonrenewable.

C. Information About Claims Paid

- 1. If you request information for the renewal of the policy, we will provide you with information regarding claims paid on your behalf.

- 2. We will provide the information within 30 working days after we receive your written request. We may charge a reasonable fee for providing the information.

D. Notices

- 1. We will provide advance written notice of cancellation or nonrenewal as provided in A and B above. This notice must be served personally on or sent by first-class mail or electronic transmission to the employer.
- 2. Notices will state the effective date of the cancellation or nonrenewal and will be accompanied by a written explanation of the specific reasons for the cancellation or nonrenewal.
- 3. A written notice of cancellation is not required if we mutually agree with you to cancel the policy and reissue a new policy based upon a material change in ownership or operation of your business.

E. Compliance with Law

- 1. Any of these provisions that conflict with a law that controls the cancellation or renewal or nonrenewal of the insurance in this policy is changed by this statement to comply with the law.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 100

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Arizona is shown in Item 3.A. of the Policy Information Page.

This endorsement provides notice that premium for your policy may be affected by the Arizona Alcohol- and Drug-Free Workplace Premium Credit Program.

You may qualify for a 5% premium credit if you have established and maintain a qualifying alcohol- and drug-free workplace program in accordance with Title 23, Chapter 2, Article 14 of Arizona Statutes.

We will determine your eligibility for this premium credit after total premium has been paid for the policy period and may be revised at the time your final premium audit is processed.

The determination that you have a qualifying program must be made each year that you receive the premium credit. To implement a premium credit program, the following guidelines must be established:

1. Insurers offering the premium credit program may apply a 5% premium credit to qualifying employers.
2. To receive the premium credit, you must:
 - a. Provide a written statement to the insurer prior to or within 30 days after the beginning of the policy effective date each year, certifying that the business has implemented a program meeting the requirements of Title 23, Chapter 2, Article 14.
 - b. At any time during the term of the policy, provide additional information to the insurer, as required, to confirm that a qualifying program has been established and is being maintained.

- c. Comply with the alcohol and drug testing policy requirements in accordance with Title 23, Chapter 2, Article 14.
 - d. Conduct alcohol and drug testing of prospective employees.
 - e. Conduct alcohol and drug testing of an employee after the employee has been injured.
 - f. Allow us to have access to the alcohol and drug testing results under d. and e. above.
3. The determination that you have established and maintain a qualifying program must be made during each policy term that you receive the premium credit.
4. Your certification and any other information relied upon by the insurer in granting the premium credit must be kept in the insurer's underwriting files and made available to the Department of Insurance upon request.
5. The premium credit may be applied after total premium has been paid for the policy period and may be revised at final audit to the employer's policy. The credit is applicable as a supplement to deviated rates and is applied in a multiplicative manner, after the application of the experience modification, and before the application of the premium discount and expense constant.
6. You must reimburse the premium credit if it is determined that you were not in compliance with the provisions of the program.
7. Minimum premium policies are eligible for this premium credit.
8. Residual market employers are eligible to apply for this premium credit.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 101

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

C. Exclusion 5, Section C.of Part Two of the policy is replaced by the following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result

of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONNECTICUT WORKERS COMPENSATION FUNDS ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 102

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part One (Workers' Compensation Insurance) because Connecticut is shown in Item 3.A. of the Information Page.

The amount shown on the Information Page for the Connecticut workers compensation fund assessment is required of you under Section 31-345 of the Connecticut General Statutes. We will pay these assessments to the Connecticut State Treasurer.

The purpose of the assessment is to finance the expenses of administering the workers compensation laws.

THE AMOUNT SHOWN ON THE INFORMATION PAGE FOR THE CONNECTICUT SECOND INJURY FUND SURCHARGE IS REQUIRED OF YOU UNDER CONNECTICUT REGULATIONS TO FINANCE THE CONNECTICUT SECOND INJURY FUND. WE WILL PAY THIS SURCHARGE TO THE CONNECTICUT STATE TREASURER.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ILLINOIS WORKERS COMPENSATION AND EMPLOYERS LIABILITY
INSURANCE POLICY EXCLUSION ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 103

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

C. Change Part Two – C. Exclusions 1. as follows:

This insurance does not cover

1. liability assumed under a contract, and/or any agreement to waive your right to limit your liability for contribution to the amount of

benefits payable under the Workers Compensation Act and the Workers Occupational Disease Act. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 104

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because North Carolina is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by this Condition:

D. Cancellation and Nonrenewal

1. You may cancel this policy.

If you cancel this policy, you must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy.

(a) If this policy has been in effect for fewer than 60 days and is not a renewal policy, we may cancel this policy for any reason by giving you at least 30 days prior written notice of cancellation and the reasons for cancellation by registered or certified mail, return receipt requested.

(b) If this policy has been in effect for at least 60 days or is a renewal policy, we may not cancel this policy without your prior written consent, except for any one of the following reasons:

(1) Nonpayment of premium in accordance with the policy terms.

(2) An act or omission by you or your representative that constitutes material misrepresentation or nondisclosure of a material fact in obtaining the policy, continuing the policy, or presenting a claim under the policy.

(3) Increased hazard or material change in the risk assumed that could not have been reasonably contemplated by you and us at the time of assumption of the risk.

(4) Substantial breach of contractual duties, conditions, or warranties that materially affects the insurability of the risk.

(5) A fraudulent act against us by you or your representative that materially affects the insurability of the risk.

(6) Willful failure by you or your representative to institute reasonable loss control measures that materially affect the insurability of the risk after written notice by us.

(7) Loss of facultative reinsurance or loss of or substantial changes in applicable reinsurance as provided in G.S. 58-41-30.

(8) Your conviction of a crime arising out of acts that materially affect the insurability of the risk

(9) A determination by the Commissioner that the continuation of this policy would place us in violation of the laws of North Carolina.

(10) You fail to meet the requirements contained in our corporate charter, articles of incorporation, or bylaws, when we are a company organized for the sole purpose of providing members of an organization with insurance coverage in North Carolina.

- (c) If we cancel for any of the reasons listed in paragraph (b), we must provide you with at least 15 days prior written notice of cancellation stating the precise reason for cancellation. We may provide this notice by registered or certified mail, return receipt requested, to you and any other person designated in the policy to receive notice of cancellation at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Whenever notice of cancellation is given by registered or certified mail, cancellation will not be effective unless and until that method is employed and completed. Notice of intent to cancel given by registered or certified mail shall be conclusively presumed completed three days after the notice is sent if, on the same day that notice is sent by registered or certified mail, the insurer also provides notice by first-class mail and by electronic means if available as defined in G.S. 58-2-255(a) to the insured and any other person designated in the policy to receive notice. Any such supplemental notice given by electronic means shall be effective for the limited purpose of establishing this conclusive presumption. Notice of cancellation may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send notice as provided in this paragraph to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest.
- (d) Cancellation for nonpayment of premium is not effective if the amount due is paid before the effective date stated in the notice of cancellation.
3. We may refuse to renew this policy.
- (a) If this policy is for a term of one year or less, we must provide you with notice of nonrenewal at least 45 days prior to the expiration date of the policy.
- (b) If this policy is for a term of more than one year or for an indefinite term, then to nonrenew the policy at the policy anniversary date we must provide you with notice of nonrenewal at least 45 days prior to the anniversary date of the policy.
- (c) The notice of nonrenewal must state the precise reason for nonrenewal. Failure to send this notice, as provided in paragraphs 3 and 5, to any other person designated in the policy to receive this notice invalidates the nonrenewal only as to that other person's interest.
- (d) Any nonrenewal attempted or made that is not in compliance with paragraphs (a), (b) and (c) is not effective. Paragraphs (a), (b) and (c) do not apply if you have obtained insurance elsewhere, have accepted replacement coverage, or have requested or agreed to nonrenewal.
4. Whenever we lower coverage limits, raise deductibles, or raise premium rates for reasons within our exclusive control and other than at your request, we will mail you written notice of the change at least 30 days in advance of the effective date of the change. As used in this paragraph, the phrase, "reasons within our exclusive control" does not mean experience modification changes, exposure changes, or loss cost rate changes.
5. We must provide the notice required by paragraphs 3 and 4 by mail to you and any other person designated in the policy to receive this notice at the addresses shown in the policy or, if not indicated in the policy, at the last known addresses. Mailing copies of the notice by regular first-class mail satisfies the notice requirements of paragraphs 3, 4 and 5.
6. We will also send copies of the notice required by this endorsement to the agent or broker of record, though failure to send copies of the notice to the agent or broker of record will not invalidate a cancellation or nonrenewal. Mailing copies of the notice by regular first-class mail to the agent or broker of record satisfies the requirements of this paragraph. Notice of nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 105

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Maryland is shown in Item 3.A. of the Information Page.

1. Your policy is subject to a 45-day underwriting period beginning on the effective date of coverage. In accordance with Md. Code Ann. Ins. §12-106, if we discover a material risk factor during the underwriting period, we may:
 - a. Cancel this policy during the underwriting period if you do not meet our underwriting standards; or
 - b. Recalculate your premium from the effective date of the policy if you meet our underwriting standards.

A material risk factor means a risk factor that:

- o Was incorrectly recorded or not disclosed by the insured in an application for insurance;
- o Was in existence on the date of the application; and
- o Modifies estimated annual premium charged on the policy in accordance with the rates and supplementary rating information filed by the carrier

A material risk factor does not include:

- o Information that constitutes a material misrepresentation; or
- o A change initiated by an insured, including any request by the insured that results in a

change in coverage, change in deductible, or other change to a policy.

2. If we recalculate your premium because we discovered a material risk factor during the underwriting period, we will provide to you, by certificate of mailing or by delivery of electronic means in accordance with Md. Code Ann. Ins. §27-601.2, written notice of the following information by no later than the end of the underwriting period:
 - a. The amount of the recalculated premium;
 - b. The reason for the increase or reduction in the premium; and
 - c. Your right to cancel this policy and receive a pro rata refund of any premium paid by notifying us of the cancellation.
3. If you cancel this policy following receipt of a notice of recalculated premium, you will receive a pro rata refund of any premium paid, regardless of whether your policy is a retrospectively rated policy.
4. Nothing in this endorsement prohibits us from conducting an audit in accordance with the provisions of your policy or charging and collecting the final premium based on the results of the audit.
5. This endorsement does not apply if your policy is a renewal policy.

PREMIUM DISCOUNT TABLE - TEXAS

Standard Premium	Discount	Standard Premium	Discount	Standard Premium	Discount
0 to 5,026	0.0%	9,406 to 9,595	4.5%	86,364 to 100,877	9.0%
5,027 to 5,080	0.1	9,596 to 9,793	4.6	100,878 to 104,545	9.1
5,081 to 5,135	0.2	9,794 to 9,999	4.7	104,546 to 108,490	9.2
5,136 to 5,191	0.3	10,000 to 10,215	4.8	108,491 to 112,745	9.3
5,192 to 5,248	0.4	10,216 to 10,439	4.9	112,746 to 117,346	9.4
5,249 to 5,307	0.5	10,440 to 10,674	5.0	117,347 to 122,340	9.5
5,308 to 5,367	0.6	10,675 to 10,919	5.1	122,341 to 127,777	9.6
5,368 to 5,428	0.7	10,920 to 11,176	5.2	127,778 to 133,720	9.7
5,429 to 5,491	0.8	11,177 to 11,445	5.3	133,721 to 140,243	9.8
5,492 to 5,555	0.9	11,446 to 11,728	5.4	140,244 to 147,435	9.9
5,556 to 5,621	1.0	11,729 to 12,025	5.5	147,436 to 155,405	10.0
5,622 to 5,688	1.1	12,026 to 12,337	5.6	155,406 to 164,285	10.1
5,689 to 5,757	1.2	12,338 to 12,666	5.7	164,286 to 174,242	10.2
5,758 to 5,828	1.3	12,667 to 13,013	5.8	174,243 to 185,483	10.3
5,829 to 5,900	1.4	13,014 to 13,380	5.9	185,484 to 198,275	10.4
5,901 to 5,974	1.5	13,381 to 13,768	6.0	198,276 to 212,962	10.5
5,975 to 6,050	1.6	13,769 to 14,179	6.1	212,963 to 229,999	10.6
6,051 to 6,129	1.7	14,180 to 14,615	6.2	229,999 to 249,999	10.7
6,130 to 6,209	1.8	14,616 to 15,079	6.3	249,999 to 273,809	10.8
6,210 to 6,291	1.9	15,080 to 15,573	6.4	273,810 to 302,631	10.9
6,292 to 6,375	2.0	15,574 to 16,101	6.5	302,632 to 338,235	11.0
6,376 to 6,462	2.1	16,102 to 16,666	6.6	338,236 to 383,333	11.1
6,463 to 6,551	2.2	16,667 to 17,272	6.7	384,334 to 442,307	11.2
6,552 to 6,643	2.3	17,273 to 17,924	6.8	442,308 to 511,904	11.3
6,644 to 6,737	2.4	17,925 to 18,627	6.9	511,905 to 565,789	11.4
6,738 to 6,834	2.5	18,628 to 19,387	7.0	565,790 to 632,352	11.5
6,835 to 6,934	2.6	19,388 to 20,212	7.1	632,353 to 716,666	11.6
6,935 to 7,037	2.7	20,213 to 21,111	7.2	716,667 to 826,923	11.7
7,038 to 7,142	2.8	21,112 to 22,093	7.3	826,924 to 977,272	11.8
7,143 to 7,251	2.9	22,094 to 23,170	7.4	977,273 to 1,194,444	11.9
7,252 to 7,364	3.0	23,171 to 24,358	7.5	1,194,445 to 1,535,714	12.0
7,365 to 7,480	3.1	24,359 to 25,675	7.6	1,535,715 to 2,149,999	12.1
7,481 to 7,599	3.2	25,676 to 27,142	7.7	2,150,000 to 3,583,333	12.2
7,600 to 7,723	3.3	27,143 to 28,787	7.8	3,583,334 to 10,749,999	12.3
7,724 to 7,851	3.4	28,788 to 30,645	7.9	10,750,000 and over	12.4
7,852 to 7,983	3.5	30,646 to 32,758	8.0		
7,984 to 8,119	3.6	32,759 to 35,185	8.1		
8,120 to 8,260	3.7	35,186 to 37,999	8.2		
8,261 to 8,407	3.8	38,000 to 41,304	8.3		
8,408 to 8,558	3.9	41,305 to 45,238	8.4		
8,559 to 8,715	4.0	45,239 to 49,999	8.5		
8,716 to 8,878	4.1	50,000 to 55,882	8.6		
8,879 to 9,047	4.2	55,883 to 63,333	8.7		
9,048 to 9,223	4.3	63,334 to 73,076	8.8		
9,224 to 9,405	4.4	73,077 to 86,363	8.9		

Above Table Based on the Following Discounts

First \$5,000	0.0%
Next \$95,000	9.5
Next \$400,000	11.9
Over \$500,000	12.4



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ILLINOIS AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 107

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Illinois is shown in Item 3.A. of the Information Page.

Part Two - Employers Liability Insurance, Section B. (We Will Pay), Item 3. of the policy is replaced by the following:

3. For consequential bodily injury to a party to a civil union, spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

Part Five - Premium, Section G. (Audit) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy ends. Information developed by audit will be used to determine final premium. The National Council on Compensation Insurance has the same rights we have under this provision.

Part Six - Conditions, Section A. (Inspection) of the policy is replaced by the following:

A. Inspection

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes, or standards. The National Council on Compensation Insurance has the same rights we have under this provision.

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail to each named insured at the last known mailing address advance written notice stating when the cancellation is to take effect. We will maintain proof of mailing of the notice of cancellation. A copy of all such notices shall be sent to the broker or agent of record, if known, at the last known mailing address. The broker or agent of record may opt to accept notification electronically.

3. If we cancel because you do not pay all premium when due, we will mail the notice of cancellation at least ten days before the cancellation is to take effect. If we cancel for any other reason, we will mail the notice:
 - a. At least 30 days before the cancellation is to take effect if the policy has been in force for 60 days or less;
 - b. At least 60 days before the cancellation is to take effect if the policy has been in force for 61 days or more.
4. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium;
 - b. The policy was issued because of a material misrepresentation;
 - c. You violated any of the terms and conditions of the policy;
 - d. The risk originally accepted has measurably increased;
 - e. The Director has determined that we no longer have adequate reinsurance to meet our needs; or
 - f. The Director has determined that continuation of coverage could place us in violation of the laws of Illinois.
5. Our notice of cancellation will state our reasons for cancelling.
6. The policy period will end on the day and hour stated in the cancellation notice.

Part Six - Conditions, Section E. (Sole Representative) of the policy is replaced by the following:

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, or give us notice of cancellation.

Part Six - Conditions of the policy is changed by adding the following:

F. Nonrenewal

1. We may elect not to renew the policy. We will mail to each named insured the nonrenewal notice at the last known mailing address at least 60 days prior to the expiration of the current policy. We will maintain proof of mailing of the nonrenewal notice. An exact and unaltered copy of such notice will also be sent to the named insured's producer, if known, or the producer of record at the last known mailing address. The named insured's producer, if known, or the producer of record may opt to accept notification electronically.
2. If we fail to give at least 60 days' notice prior to the expiration date of the current policy, the policy will automatically be extended for one year under the same terms and conditions. We may increase the renewal premium, but such increase must be less than 30% of this policy's premium and notice of such increase must be delivered to the named insured on or before the date of expiration of this policy. Additionally, in accordance with 215 ILCS 5/462a, we may be required to provide the named insured with 30 days' written notice prior to the expiration of this policy if the renewal premium is in excess of 5% above the rate recommendation filed with and approved by the Illinois Department of Insurance.
3. Our notice of nonrenewal will provide a specific explanation on the reasons for not renewing.
4. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. You notify us or the producer who procured this policy that you do not want the policy renewed; or
 - b. You fail to pay all premiums when due; or
 - c. You obtain other insurance as a replacement of the policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 108

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 109

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 C), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- o Catastrophe (Other Than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- o Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- o Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of the Treasury pursuant to the

Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- o Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 110

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:
 - a) The act is an act of terrorism.
 - b) The act is violent or dangerous to human life, property or infrastructure.
 - c) The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.

- d) The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of the Insured Losses that exceeds \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

Schedule

Rate per \$100 of Remuneration



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK WORKERS' COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL

Policy Number: 57 WV WQ0015

Endorsement Number: 111

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Policyholder Disputes

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing, and/or other New York Compensation Insurance Rating Board ("Rating Board") rulings or decisions pertaining to this policy. Please refer to the New York Workers' Compensation Policyholder Notice of Right to Appeal process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:

<http://www.dfs.ny.gov/about/contactus.htm#consumer>

or by calling the Consumer Hotline at 800-342-3736
(Monday through Friday, 8:30 AM to 4:30 PM).

New York Workers' Compensation Policyholder Notice of Right to Appeal Process

An insured, or its representative (hereafter referred to as "insured"), may appeal the application of a rule or procedure contained in the New York Workers' Compensation & Employers' Liability Manual. Rules or procedures are defined as those determinations either by a carrier or the Rating Board, which define the variables which make up the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for a review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. The Rating Board will review the request and respond to the parties within sixty (60) days, either granting the parties or their authorized representatives their request or sustaining the Rating Board's original ruling.
2. If not satisfied with the outcome of **1.** above, the parties may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and supply any supporting documents. The appropriate Department Vice President or his or her designated representative will preside at the conference.
3. If the dispute is not resolved by the conference, the parties may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reasons for the appeal and the nature of the complaint.
Following the Committee's receipt of the appeal request, the parties will be notified about the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be devoted to the matter. After the hearing, the parties will be advised, in writing, of the Underwriting Committee decision on the complaint.
4. If the Underwriting Committee ruling is not satisfactory to either party, then the aggrieved party may request a hearing at the New York State Department of Financial Services to consider the disputed decision.
5. The decision of the New York State Department of Financial Services may be appealed to a court of law, by the parties involved or the Rating Board.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**90-DAY REPORTING REQUIREMENT -
NOTIFICATION OF CHANGE IN OWNERSHIP
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 112

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 113

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Arizona is shown in Item 3.A. of the Information Page.

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. If you cancel or fail to renew this policy, we must promptly notify the Industrial Commission of Arizona.
3. We may cancel this policy if you fail to pay premium when due, or when one or both of the parties to a professional employer agreement terminate the agreement.
 - If we cancel or nonrenew this policy, we must provide to you and the Industrial Commission of Arizona at least 30 days' notice of the cancellation or nonrenewal.
 - Notice to you may be sent via mail or delivered by electronic means as follows:
 - Mailing that notice to you at your last-known mailing address on file with us will be sufficient proof of notice.
 - Delivery to an email address at which you have consented to receive notices or documents.
 - Posting on a portal, secure website, electronic network or site accessible via the Internet or a mobile application, computer, mobile device, tablet, or other electronic device, together with a separate notice that includes a description of the document or notice that was posted and that was provided by email to the email address at which you consented to receive notice, or by any other delivery method to which you consented.
 - If you consented to have the notice emailed in accordance with Arizona law, emailing that notice to you at your last-known email address as provided by you to us will be sufficient proof of notice.
 - If the email notice is: (1) rejected for delivery; (2) returned to us; or (3) we become aware that the email address provided by you is no longer valid, then we will also mail that notice to you by US Postal Service certified mail, certificate of mailing, or first-class mail using intelligent mail barcode, or another similar tracking method used or approved by the US Postal Service.
 - If we nonrenew this policy and fail to give you notice of nonrenewal, coverage will not extend beyond the policy period.
4. The policy period will end on the date and time stated in the cancellation or nonrenewal notice.
5. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 114

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Maryland is shown in Item 3.A. of the Information Page.

Part Six-Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel or nonrenew this policy as follows:
 - a. If the policy is cancelled for nonpayment of premium, we will file with the Maryland Workers Compensation Commission's designee, and serve you by certificate of mailing, not less than 10 days advance written notice stating when the cancellation will take effect.
 - b. If the policy is cancelled for reasons other than nonpayment of premium or if the policy is nonrenewed, we will file with the Maryland Workers Compensation Commission's designee, and serve by certified mail or personal service to you, not less than 45 days' advance written notice stating when the cancellation or nonrenewal will take effect.

Mailing this notice by certified mail to you at your mailing address last known to us creates a presumption of actual delivery of notice. You may be able to rebut this presumption by providing evidence that the notice was not delivered.

3. The effective dates of the cancellation or nonrenewal are determined as follows:
 - a. Except for cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation or nonrenewal notice, or 45 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
 - b. For cancellation for nonpayment of premium, the policy period will end on the day and hour stated in the cancellation notice, or 10 days after the date the notice is received by the Maryland Workers Compensation Commission's designee, whichever date is later.
4. The provisions in D-2 and D-3 do not apply to the cancellation of a policy or binder during the 45-day underwriting period in accordance with Section 12-106 of Maryland Code, Insurance. Refer to Section 12-106 of Maryland Code, Insurance for the cancellation provisions that apply during the 45-day underwriting period.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEXAS AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 115

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

GENERAL SECTION

B. **Who Is Insured** is amended to read:

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership or joint venture, and if you are one of its partners or members, you are insured, but only in your capacity as an employer of the partnership's or joint venture's employees.

D. **State** is amended to read:

State means any state or territory of the United States of America, and the District of Columbia.

PART ONE - WORKERS COMPENSATION INSURANCE

E. **Other Insurance** is amended by adding this sentence:

This Section only applies if you have other insurance or are self-insured for the same loss.

F. **Payments You Must Make**

This Section is amended by deleting the words "workers compensation" from number 4.

H. **Statutory Provisions**

This Section is amended by deleting the words "after an injury occurs" from number 2.

PART TWO - EMPLOYERS LIABILITY INSURANCE

C. **Exclusions**

Sections 2 and 3 are amended to add:

This exclusion does not apply unless the violation of law caused or contributed to the bodily injury.

Section 6 is amended to read:

6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada.

This exclusion does not apply to bodily injury to a citizen or resident of the United States of America, Mexico or Canada who is temporarily outside these countries.

D. **We Will Defend**

This Section is amended by deleting the last sentence.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Number 6 of this part is amended to read:

6. Texas law allows you to make weekly payments to an injured employee in certain instances. Unless authorized by law, do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

- A. **Our Manuals** is amended by adding this sentence:
In this part, "our manuals" means manuals approved or prescribed by the Texas Department of Insurance.
- C. **Remuneration**
Number 2 is amended to read:
2. All other persons engaged in work that would make us liable under Part One (Workers Compensation Insurance) of this policy. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured workers compensation insurance.
- D. **Premium Payments** is amended by adding this sentence:
The billing statement or invoice for audit additional premiums and/or retrospective additional premiums establishes the date the premium is due.
- E. **Final Premium**
Number 2 is amended to read:
2. If you cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.

PART SIX - CONDITIONS

- A. **Inspection** is amended by adding this sentence:
Your failure to comply with the safety recommendations made as a result of an inspection may cause the policy to be canceled by us.
- C. **Transfer of Your Rights and Duties** is amended to read:
Your rights and duties under this policy may not be transferred without our written consent. If you die, coverage will be provided for your surviving spouse or your legal representative. This applies only with respect to their acting in the capacity as an employer and only for the workplaces listed in Items 1 and 4 on the Information Page.
- D. **Cancellation** is amended to read:
1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We may also decline to renew it. We must give you written notice of cancellation or nonrenewal. That notice will be sent certified mail or delivered to you in person. A copy of the written notice will be sent to the Texas Department of Insurance-Division of Workers' Compensation.
3. Notice of cancellation or nonrenewal must be sent to you not later than the 30th day before the date on which the cancellation or nonrenewal becomes effective, except that we may send the notice not later than the 10th day before the date on which the cancellation or nonrenewal becomes effective if we cancel or do not renew because of:
a. Fraud in obtaining coverage;
b. Misrepresentation of the amount of payroll for purposes of premium calculation;
c. Failure to pay a premium when payment was due;
d. An increase in the hazard for which you seek coverage that results from an action or omission and that would produce an increase in the rate, including an increase because of failure to comply with reasonable recommendations for loss control or to comply within a reasonable period with recommendations designed to reduce a hazard that is under your control;
e. A determination by the Commissioner of Insurance that the continuation of the policy would place us in violation of the law, or would be hazardous to the interests of subscribers, creditors, or the general public.
4. If another insurance company notifies the Texas Department of Insurance-Division of Workers' Compensation that it is insuring you as an employer, such notice must be a cancellation of this policy effective when the other policy starts.

Add the following to the policy:

PART SEVEN - OUR DUTY TO YOU FOR CLAIM NOTIFICATION

- A. **Claims Notification**
We are required to notify you of any claim that is filed against your policy. Thereafter we must notify you of any proposal to settle a claim or, on receipt of a written request from you, of any administrative or judicial proceeding relating to the resolution of a claim, including a benefit review conference conducted by the Texas Department of Insurance-Division of Workers' Compensation. You may, in writing, elect to waive this notification requirement.
We must, on the written request from you, provide you with a list of claims charged against your policy, payments made and reserves established on each claim, and a statement explaining the effect of claims on your premium rates. We must furnish the requested information to you in writing no later than the 30th day

after the date we receive your request. The information is considered to be provided on the date the information is received by the United States Postal Service or is personally delivered.

COMPLAINT NOTICE:

DISPUTE RESOLUTION SERVICES

NCCI'S DISPUTE RESOLUTION PROCESS DOES NOT APPLY TO WORKERS COMPENSATION CLAIMS.

For workers compensation claim disputes, see "CLAIM COMPLAINT" below. For issues related to a violation of law related to your policy, see "VIOLATIONS OF LAW" below.

Important Note: The dispute resolution services provided through the Dispute Resolution Process (Process) of the National Council on Compensation Insurance (NCCI) are **voluntary**. The Process is not an administrative remedy that must be exhausted before you pursue relief in court. Using the Process does not prevent you or the carrier that issued the policy from pursuing any available legal remedies at any time.

NCCI can assist in the resolution of a dispute regarding your policy that is related to any of the following matters:

- o The application or interpretation of rules contained in the various NCCI manuals (including, but not limited to, classification codes and experience rating modifications)
- o Rating programs
- o Endorsements
- o Forms

Contact the carrier that issued the policy and attempt to resolve the dispute directly. If you and the carrier cannot agree, then contact NCCI to ask for assistance. NCCI's **Basic Manual** rule, Dispute Resolution Process, addresses disputes. You may obtain dispute resolution services only after you have made a reasonable attempt to first resolve the dispute directly with the carrier and after you have paid any undisputed premium due to the carrier.

Send your request for assistance by mail to NCCI, Dispute Resolution Services, 901 Peninsula Corporate Circle, Boca Raton, FL 33487-1362; or by fax to 561-893-5043; or by email to disputeresolution@ncci.com.

THIS NOTICE OF THE DISPUTE RESOLUTION PROCESS IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.

VIOLATIONS OF LAW:

If you believe there has been a violation of law related to your policy, file a complaint with the Texas Department of Insurance:

Phone: 1-800-252-3439

Email: ConsumerProtection@tdi.texas.gov

Online: tdi.texas.gov

Mail: MC CO-CP, PO Box 12030, Austin, TX 78711-2030

CLAIM COMPLAINT:

If there is a workers compensation claim complaint involving one of your employees, then contact the Texas Department of Insurance - Division of Workers' Compensation, Compliance and Investigations by mail to MC: CI, PO Box 12050, Austin, TX 78711-2050; or by fax to 512-490-1030; or by email to DWCCOMPLAINTS@tdi.texas.gov.

THIS NOTICE IS FOR INFORMATION ONLY AND DOES NOT BECOME A PART, TERM, OR CONDITION OF THIS POLICY.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY
ASSOCIATION SURCHARGE ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 116

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five - Premium, Section D. (Premium Payments) of the policy is revised by adding the following:

Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six - Conditions of the policy is revised by adding the following:

F. Florida Workers' Compensation Insurance Guaranty Association Surcharge

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six - Conditions, Section D. (Cancellation).

Schedule

Surcharge rate 0.0 %



NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

0042	5057	5193	5429	5491	5606	6003	6229	6325	9526
3365	5059	5213	5443	5506	5610	6005	6233	6400	9527
3724	5102	5221	5445	5507	5645	6017	6235	6701	9534
3726	5160	5222	5462	5508	5648	6018	6251	7536	9539
3737	5183	5223	5473	5536	5651	6045	6252	7538	9545
5000	5184	5348	5474	5538	5701	6204	6306	7601	9549
5022	5188	5402	5479	5545	5703	6216	6319	7855	9553
5037	5190	5403	5480	5547	5709	6217		8227	
5040		5428							

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately four months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing). For policies with effective dates between January 1 and March 31, the payroll submitted is for the third quarter, as reported to taxing authorities, for the second calendar year preceding the policy effective date. For policies with effective dates between April 1 and December 31, the payroll submitted is for the third quarter, as reported to taxing authorities, for the calendar year preceding the policy effective date. Total payroll (and not limited payroll) is to be reported for employees engaged in the construction of one or two-family residential housing.

Credits are calculated by the New York Compensation Insurance Rating Board. Completed applications can be submitted to: Attention: Audit Division, New York Compensation Insurance Rating Board, 733 Third Avenue, New York, New York 10017, email: cpap@nycirb.org or via entry on the CPAP online application on the Rating Board's website <http://www.nycirb.org/cpap>.

The application for credit on a renewal policy must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the renewal policy effective and expiration date, however, it must be accompanied with an explanation from the employer stating the reason for the delay.

Under no circumstances will an original application be accepted for any policy if it is received after the expiration date of the policy to which the credit would have applied, nor will a revised application be accepted if it is received later than one (1) year from the expiration date of the policy to which the credit would have applied.

The New York Workers' Compensation and Employers' Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 118

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEBRASKA CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 119

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

1. You may cancel this policy within the policy period by giving notice to us, fixing the date on which the cancellation is to be effective.
2. The notice, from you, is to be sent by certified mail.
3. We are required by Nebraska Law to give notice of your intent to cancel a policy to the Nebraska Workers' Compensation Court.
4. The cancellation shall not be effective until ten (10) days after the mailing of the notice to the Nebraska Workers' Compensation Court that the policy is being canceled. However, if you have secured insurance with another insurer, the cancellation will be effective as of the effective date of such other notice of coverage.
5. We may cancel or nonrenew this policy within the policy period by giving notice to you and to the Nebraska Workers' Compensation Court, fixing the date on which the cancellation or nonrenewal is to be effective.
6. The notice from us will contain a brief statement of the reasons for cancellation or nonrenewal and will be sent to you by certified mail.
7. The nonrenewal shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Commission.
8. The cancellation shall not be effective until thirty (30) days after the giving of notice to you and to the Nebraska Workers' Compensation Court, except the cancellation shall be effective ten (10) days after the giving of notice if the cancellation is based on:
 - a. nonpayment of premiums;
 - b. failure of the insured to reimburse deductible losses as required under the policy; or
 - c. failure of the insured, if covered, pursuant to the Assigned Risk Plan to comply with workplace safety laws found in Nebraska statutes.
9. All notices shall be provided in writing and shall be deemed given upon mailing by certified mail, except that we may give notice to the Nebraska Workers' Compensation Court by approved electronic means. Notice provided to the Nebraska Workers' Compensation Court by approved electronic means shall be deemed given upon receipt.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA INSUFFICIENT FUNDS ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 120

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Florida is shown in Item 3.A of the Information Page.

Add the following to Part Six - Conditions of the policy:

G. Insufficient Funds

Our rules allow us to impose an insufficient funds fee of up to \$15 per occurrence if you make a payment of premium by debit card, credit card, electronic funds transfer (EFT), or electronic check that is returned, declined, or cannot be processed due to insufficient funds. However, we will not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse on your account from which the payment was made and such fraud or misuse was not attributed to you.

The Schedule below shows the insufficient funds fee we will impose if you make a payment of premium by debit card, credit card, electronic funds transfer (EFT), or electronic check that is returned, declined, or cannot be processed due to insufficient funds.

Schedule

Insufficient Funds Fee	<u>\$15</u>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 121

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five-Premium, G. Audit of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return the final mail audit or refuse to cooperate in completing the final physical audit or final physical onsite audit, you must pay us a premium not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the final mail audit or complete the final physical audit or final physical onsite audit.
2. We document the audit file regarding the two good faith attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records or gain access to your premises or your worksites, we send a letter by certified mail to you advising you of the specific records that are required or the premises or worksites that must be accessed and the premium that will be charged if you continue to refuse access to the records, premises, and/or worksites.

If you do not provide all the specific records required and/or fail to permit access to your premises or worksites as applicable, and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or reopen the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all the specific records required and/or permit access to the premises or worksites as applicable to complete the premium audit process within the three-year period, we will determine your final premium in accordance with Part Five-Premium, E. Final Premium of the policy.

If we cannot complete the audit because you do not permit us to make a physical inspection of your operation or provide us with the necessary records, you must pay us \$500 to defray the costs of the audit. The \$500 charge may be imposed only if we have incurred actual travel expenses and we notified you in writing of the potential charge when access was denied. Denial of access to records and your premises or worksites by your agent or representative is considered the same as a denial by you.

If you understate or conceal payroll, or misrepresent or conceal employee duties to avoid proper classification for premium calculations or misrepresent or conceal information pertinent to the calculation and application of an experience rating modification factor, then you, your agent or your attorney, must pay us a penalty charge of 10 times the difference in the amount of premium that you paid and the amount that you should have paid and reasonable attorney's fees. The penalty may be enforced in the Florida circuit courts.

At the end of each quarter, you must submit to us a copy of the quarterly earnings reports you filed with

the Florida Department of Revenue and any self-audits supported by the quarterly earnings report. The report must include a sworn statement by an officer or principal of your company attesting to the accuracy of the information in it. If you have an employee who suffered a compensable injury and was not reported as having earned wages on your last quarterly earnings report, you must indemnify us for all workers compensation benefits paid to or on behalf of the employee unless you establish that the employee was hired after the filing of the quarterly report, in which case you and the employee must attest to fact that the employee was employed by you at the time of injury.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NEBRASKA EXPERIENCE RATING
MODIFICATION FACTOR REVISION ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 122

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Nebraska is shown in Item 3.A. of the Information Page.

- A. If multiple states are shown in Item 3.A. of the Information Page, this endorsement does not apply if the premiums attributable to Nebraska (calculated using prior experience rating modifications) are less than 50% of the total premium for the risk. If more than 50% of your premium is derived from Nebraska, the application of this endorsement applies only to the Nebraska premium.
- B. The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.
- C. If the ultimately determined experience rating modification factor applying to this policy is a decrease from that shown on the Information Page, it will be applied retroactively to the policy effective date or to the rating effective date if the rating effective date is later than the policy effective date.
- D. If the experience rating modification factor is an increase from that shown on the Information Page, it will apply as follows:
 1. Retroactively to the policy effective date, or to the rating effective date if the rating effective date is later than the policy effective date, if the adjustment is within 30 days after the policy effective date.
 2. Only to premiums earned after the date that you or your agent is first notified of the revised experience rating modification factor if the change occurred more than 30 days after the policy effective date.
3. Sections D.1 and D.2. of this endorsement notwithstanding, retroactively to the policy effective date or the rating effective date if the rating effective date is later than the policy effective date when:
 - a. The change in the experience rating modification factor is the result of a revision in your classifications or an appeals board or other appropriate administrative process or judicial decision.
 - b. The delay in the calculation of the experience rating modification factor is due to your failure to make available all your records for examination and audit for us or for a previous carrier.
- E. An increase or decrease in the experience rating modification factor due to a change in ownership or combinability status is applied as of the date of the change in accordance with our manuals.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 123

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
AL, AR, CO, CT, DC, DE, GA, IA, ID, IL, KY, MD, ME, MI, MN, MS, NE, NJ, NM, OR, RI, SC, SD, TN, UT, VA, VT, WV	Estimated Annual Premium	Up to two times
AZ, HI, KS, OK	Estimated Annual Premium	Two times
NC	Estimated Annual Premium	Up to three times
NV	Estimated Annual Premium	Up to one times
WI	Estimated Annual Premium	One time



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA SHORT-RATE CANCELATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 124

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

It is agreed that, anything in the policy to the contrary notwithstanding, such insurance as is afforded by this policy by reason of the designation of California in Item 3 of the Information Page is subject to the following provisions:

If you cancel the policy and a disclosure was provided in accordance with Section 481(c) of the California Insurance Code, final premium will be based on the time this policy was in force and increased by the short-rate cancellation table below:

Extended Number of Days	Percent of Full Policy Premium	Extended Number of Days	Percent of Full Policy Premium	Extended Number of Days	Percent of Full Policy Premium
1	5%	95-98	37%	219-223	69%
2	6%	99-102	38%	224-228	70%
3-4	7%	103-105	39%	229-232	71%
5-6	8%	106-109	40%	233-237	72%
7-8	9%	110-113	41%	238-241	73%
9-10	10%	114-116	42%	242-246 (8 mos.)	74%
11-12	11%	117-120	43%	247-250	75%
13-14	12%	121-124 (4 mos.)	44%	251-255	76%
15-16	13%	125-127	45%	256-260	77%
17-18	14%	128-131	46%	261-264	78%
19-20	15%	132-135	47%	265-269	79%
21-22	16%	136-138	48%	270-273 (9 mos.)	80%
23-25	17%	139-142	49%	274-278	81%
26-29	18%	143-146	50%	279-282	82%
30-32 (1 mo.)	19%	147-149	51%	283-287	83%
33-36	20%	150-153 (5 mos.)	52%	288-291	84%
37-40	21%	154-156	53%	292-296	85%
41-43	22%	157-160	54%	297-301	86%
44-47	23%	161-164	55%	302-305 (10 mos.)	87%
48-51	24%	165-167	56%	306-310	88%
52-54	25%	168-171	57%	311-314	89%
55-58	26%	172-175	58%	315-319	90%
59-62 (2 mos.)	27%	176-178	59%	320-323	91%
63-65	28%	179-182 (6 mos.)	60%	324-328	92%
66-69	29%	183-187	61%	329-332	93%
70-73	30%	188-191	62%	333-337 (11 mos.)	94%
74-76	31%	192-196	63%	338-342	95%
77-80	32%	197-200	64%	343-346	96%
81-83	33%	201-205	65%	347-351	97%
84-87	34%	206-209	66%	352-355	98%
88-91 (3 mos.)	35%	210-214 (7 mos.)	67%	356-360	99%
92-94	36%	215-218	68%	361-365 (12 mos.)	100%

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**RHODE ISLAND
SAFETY INSPECTION
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 125

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Rhode Island is shown in Item 3.A. of the Information Page.

If you pay annual premium of more than twenty-five thousand dollars (\$25,000) for workers compensation insurance, you may request that we inspect your site or sites of employment. You must make this request in writing. Inspection will be made within sixty days following your request. We will make a written report to you for your use in enhancing the safety and health of your employees on the site or sites inspected.

If your workers compensation premiums are less than fifty thousand dollars (\$50,000) or your experience modification is less than 1.5, you may request one (1) inspection per calendar year. You may be entitled to two (2) such inspections in one (1) calendar year.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**RHODE ISLAND DIRECT LIABILITY
STATUTE ENDORSEMENT**

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Rhode Island is shown in Item 3.A. of the Information Page.

1. Your employee, or the persons entitled to sue you for damages in the event of the death of the employee, may add us as a defendant in a suit against you to recover damages because of bodily injury or death to your employee.
2. We are directly liable to pay to your injured employee, or to the persons entitled to sue you for damages in the event of the death of your employee, the damages for which you are liable.

This endorsement is subject to all provisions of Part Two (Employers Liability Insurance) that do not conflict with the direct liability statute (Section 28.36.11) of the Rhode Island Workers' Compensation Law.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**VERMONT CHANGES: PROPERTY/CASUALTY - CIVIL UNION
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 127

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is part of the policy to which it is attached and provides benefits under the policy for parties to a civil union. Vermont law requires that insurance policies offered to married persons and their families be made available to parties to a civil

union and their families. In order to receive benefits in accordance with the endorsement, the civil union must be established in the state of Vermont according to Vermont law.

It is understood that policy definitions and provisions designating:

- | | |
|---------------------------------|----------------------------|
| - <u>an insured</u> | - <u>covered person(s)</u> |
| - <u>named insured</u> | - <u>you and / or your</u> |
| - <u>who is insured</u> | - <u>spouse</u> |
| - <u>who is an insured</u> | - <u>family member</u> |
| - <u>who is a named insured</u> | |

and any other policy definitions and provisions designating an insured under this policy, are amended, wherever appearing, where terms denoting a martial relationship or family

relationship out of a marriage are used, to include parties to a civil union and their families under Vermont law.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VERMONT LAW ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 128

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Vermont is shown in Item 3.A. of the Information Page.

1. We may not limit our liability to pay damages if a judgment for damages is entered against you and we continue the suit or other action without your consent.
2. No action will lie against us to recover for a loss under this insurance unless it is brought within one year after the amount of loss is made certain either by agreement between the parties with our consent or by actual trial and final judgment. If you are bankrupt or insolvent, anyone who obtains such judgment or agreement has a right of action against us to recover under the policy to the extent that insurance is provided for the damages or loss.
3. If you pay a judicial judgment or claim for any of our liability under this insurance, that will not bar you from an action or right of action against us.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VERMONT CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 129

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Vermont is shown in Item 3.A. of the Information Page.

Part Six-Conditions, Section. D. (Cancellation) of the policy is replaced by the following:

D. Cancellation and Nonrenewal

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must provide to you by certified mail, and file with the Commissioner of Labor (Commissioner) or their designee as provided by Vt. Admin. Code 13-4-1:24.0000, at least 45 days' advance written notice stating when the cancellation is to take effect. Mailing notice by certified mail to you at your mailing address last known to us will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. We may elect not to renew the policy. We must provide to you by certified mail, and give notice to the Commissioner or their designee as provided by Vt. Admin. Code 13-4-1:24.0000, at least 45 days' advance written notice stating when the nonrenewal is to take effect. If we do not give 45 days' notice, the policy will automatically be extended for 45 days from the date the notice is received by you and the Commissioner.
5. In the following circumstances, notice of nonrenewal to you is not required, and the policy will expire upon notice to the Commissioner or their designee as provided by Vt. Admin. Code 13-4-1:24.0000:
 - a. We offer to continue the insurance by delivery of a renewal contract to you, or
 - b. You notify us in writing that you do not want to renew the policy, or
 - c. You obtain other insurance or a guarantee contract, or you establish and maintain, to the satisfaction of the Commissioner, security for compensation.
6. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MARYLAND ALCOHOL- AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 130

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement provides notice that the premium for your policy may be affected by the Maryland Alcohol- and Drug-Free Workplace Premium Credit.

You may qualify for a premium credit if you have established and maintain an alcohol- and drug-free workplace policy that includes one or more of the qualifying programs included in Section 11-329 of Maryland Code, Insurance.

You may request a premium credit by submitting a written statement to us certifying that you have established and maintain an alcohol- and drug-free workplace policy that includes one or more of the qualifying programs in accordance with Section 11-329 of Maryland Code, Insurance and our filed and approved rating program rules.

We have the right to require additional information to verify that you have established and maintain a qualifying program.

Your certification is required for each policy year that you receive the premium credit.

Your policy is subject to additional premium, for reimbursement of premium credit, and cancellation provisions of the policy if we determine that you misrepresented your compliance with the program rules.

Minimum premium policies are not eligible for this premium credit. The premium credit must not be used to reduce the premium below the minimum premium.

Schedule

Premium Credit % 4%



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 131

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge (ANC).

The charge is determined by applying the ANC Multiplier to the ANC Basis shown in the table below:

ANC Basis	ANC Multiplier
Estimated Annual Premium	Two times

If you allow us to examine and audit all of your records after we have applied an ANC, we will remove the ANC and revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

The application of the ANC is subject to the following conditions:

- a) Carriers must comply with all applicable state laws and/or regulations related to audits of workers compensation insurance policies.
- b) The Audit Noncompliance Charge Endorsement is optional. When used, the Audit Noncompliance Charge Endorsement and/or applicable state-specific endorsement must be attached to the policy at inception of the policy term being audited.
- c) The carrier must make two attempts to obtain the audit information and/or complete the audit. At each attempt, the carrier must notify the employer regarding the specific required records and the amount of the ANC to be applied if the employer continues to refuse to comply with the audit.
- d) The carrier must adequately document the audit file regarding the above attempts to obtain the required audit information.

These ANC conditions apply to mail/email, telephone, computer (remote access), and physical audits, unless otherwise provided by state law.

The scenarios listed below may occur and are treated as follows:

If an ANC is applied and the employer...	Then the carrier...
Pays the ANC and later allows the audit	<ul style="list-style-type: none"> o Performs the final audit and determines the final policy premium based on the results of the audit; and o Refunds the ANC to the employer, or applies the ANC amount to any outstanding balance on the policy <p>Submits a unit statistical correction report to remove the ANC from the previously reported Unit Statistical data.</p>
Does not pay the ANC but later allows the audit	Performs the final audit and determines the final policy premium based on the results of the audit
Pays the ANC but does not later allow the audit	<p>Does not change the previously reported:</p> <ul style="list-style-type: none"> o Unit Statistical data o Noncompliance transactions
Does not pay the ANC and does not later allow the audit.	



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OREGON AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 132

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Oregon is shown in Item 3.A. of the Information Page.

Part Two - Employers Liability Insurance, Section C. (Exclusions), Item 5. of the policy is replaced by the following:

5. Any bodily injury intentionally caused or aggravated by you, or that is the result of your engaging in conduct equivalent to an intentional tort, however defined, including as described by ORS 656.156, or other tortious conduct, or conduct or activity as described by ORS 656.018(3), such that you lose your immunity from civil liability under the workers compensation laws of Oregon;

Part Two - Employers Liability Insurance, Section C. (Exclusions) of the policy is revised by adding the following:

13. Any cause of action or remedy arising out of or under ORS 656.019 or ORS 654.305 through ORS 654.336.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOUISIANA AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 133

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Louisiana is shown in Item 3.A. of the Information Page.

Part Two - Employers Liability Insurance, Section 1. (Actions Against Us) of the policy is replaced by the following:

I. Actions Against Us

You may not bring an action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgement.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

Part Five - Premium, Section E. (Final Premium) of the policy is replaced by the following:

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way, unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be calculated using one of the following methods as listed in the Schedule of this endorsement:
 - a. Pro rata based on the time that this policy was in force. Final premium will not be less than the pro rata share of the minimum premium, or
 - b. More than pro rata; it will be based on the time that this policy was in force, and increased by our short-rate cancellation procedure that has been filed with and approved by the commissioner. Final premium will not be less than the minimum premium.

Part Five - Premium, Section G. (Audit) of the policy is revised by adding the following:

G. Audit

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge equal to a maximum of up to two times the estimated annual premium. The method for determining the Audit Noncompliance Charge, and the maximum dollar amount, is shown in the Schedule of this endorsement.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part Five - Premium, Section E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation

For Home and Community-Based Services (HCBS) providers, refer to Section G. in lieu of Section D. for cancellation provisions.

1. If coverage has not been in effect for 60 days and the policy is not a renewal, cancellation will be effected by mailing or delivering a written or electronic (in accordance with the Louisiana Uniform Electronic Transactions Act) notice to you at the mailing address shown on the policy or your last address of record at least 60 days before the cancellation effective date, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium will be mailed or delivered at least 10 days before the effective date of cancellation. After coverage has been in effect for more than 60 days or after the effective date of a renewal policy, we will not cancel the policy unless the cancellation is based on at least one of the following reasons:

- a. Nonpayment of premium
- b. Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or in presenting a claim under the policy
- c. Activities or omissions on your part that change or increase any hazard insured against, including a failure to comply with loss control recommendations
- d. Change in the risk that increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision
- e. Determination by the commissioner of insurance that continuing the policy would jeopardize your solvency or would place us in violation of the insurance laws of this state or any other state
- f. Violation or breach by the insured of any policy terms or conditions

- g. Such other reasons that are approved by the commissioner of insurance
2. The insurer is required to provide notification of cancellation as follows:
- a. A notice of cancellation of insurance coverage by us will be in writing or by electronic means and will be mailed or delivered to you at the mailing address shown on the policy or your last address of record. Notices of cancellation based on conditions 1.b. through 1.g. of Section D-1 will be mailed or delivered at least 30 days before the effective date of the cancellation; notices of cancellations based on condition 1.a. of Section D-1 will be mailed or delivered at least 10 days before the effective date of cancellation. The notice will state the effective date of the cancellation.
 - b. We will provide you with a written or electronic statement specifying the reason for the cancellation when you request such a statement in writing. Your written or electronic request must state that you hold us harmless from liability for any communication:
 - (1) Giving notice of or specifying the reasons for a cancellation, or
 - (2) For any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for cancellation under this endorsement.
3. We will provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance company or other entity pursuant to a power of attorney or other agreement executed by or on behalf of you.
4. We may decide not to renew your policy. If we decide not to renew your policy, we will mail or deliver written or electronic notice to you at the mailing address shown on the policy or your last address of record. Such notice of nonrenewal will be mailed or delivered at least 60 days before the policy expiration date. Such notice to you will include your loss-run information for the period the policy has been in force within, but not to exceed the last three years of coverage. If the notice is mailed or delivered less than 60 days before expiration, coverage will remain in effect under the same terms and conditions until 60 days after notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the policy expiration date will be considered pro rata based on the previous year's rate. For purposes of this endorsement, the transfer of a

policyholder between companies within the same insurance group will not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage will not be refusals to renew.

5. Notice of nonrenewal will not be required if we or a company within the same insurance group has offered to issue a renewal policy, or where you have obtained replacement coverage or have agreed in writing to obtain replacement coverage.
6. If we provide the notice described in paragraph 4 above and thereafter we extend the policy for 90 days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. We must mail or deliver to you at the mailing address shown on the policy or your last address of record, written or electronic notice of any rate increase, change in deductible, or reduction in limits or coverage at least 30 days before the expiration date of the policy. If we fail to provide such 30-day notice, the coverage provided to you at the expiring policy's rate, terms, and conditions will remain in effect until notice is given or until the effective date of replacement coverage obtained by you, whichever occurs first. For the purposes of this paragraph, notice is considered given 30 days following the date of mailing or delivery of the notice. If you elect not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower

of the current or previous year's rate. If you accept the renewal, the premium increase, if any, and other changes will be effective the day following the prior policy's expiration date.

8. Paragraph 7 does not apply to changes:
 - a. In a rate or plan filed with the commissioner of insurance and applicable to an entire class of business
 - b. Based on the altered nature or extent of the risk insured
 - c. In policy forms filed and approved with the commissioner and applicable to an entire class of business
 - d. Requested by the insured
9. Proof of mailing or delivery of notice of cancellation, or of nonrenewal or of premium or coverage changes, to the named insured at the mailing address shown in the policy or the last address of record, will be sufficient proof of notice.

Part Six - Conditions of the policy is revised by adding the following provision:

F. Your Right to Remove Agent

We will not change or remove the agent of record who wrote this policy before the termination or renewal of this policy unless you request the change or removal. If you request the change or removal of the agent, we will notify the agent in writing 10 calendar days before the change or removal.

Schedule

1. If you cancel, final premium for this policy will be calculated: X pro rata, or more than pro rata

2. Basis of Audit

Noncompliance Charge	<u>Estimated Annual Premium</u>
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Maximum Audit

Noncompliance Charge

Multiplier	<u>Two times</u>
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Maximum Audit

Noncompliance Charge

\$ Amount	<u> </u>
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Part Six-Conditions, Section D. (Cancellation) of the policy is replaced for Home and Community-Based Services (HCBS) providers by adding Part Six-Conditions, Section G. The following cancellation provisions are to be used when the policy provides coverage to an HCBS provider and are intended to comply with Chapter 50 of the Louisiana Administrative Code, Title 48, Part I, Sections 5007, 5014, and 5015:

G. Cancellation-Home and Community-Based Services (HCBS) Providers

1. If coverage has not been in effect for 60 days and the policy is not a renewal, cancellation will be effected by mailing or delivering a written or electronic (in accordance with the Louisiana Uniform Electronic Transactions Act) notice to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or your last address of record 60 days before any cancellation or change of coverage, except in cases where cancellation is based on nonpayment of premium. Notice of cancellation based on nonpayment of premium will be mailed or delivered 30 days before the effective date of cancellation. After coverage has been in effect for more than 60 days or after the effective date of a renewal policy, we will not cancel the policy unless the cancellation is based on at least one of the following reasons:
 - a. Nonpayment of premium
 - b. Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or in presenting a claim under the policy
 - c. Activities or omissions on your part that change or increase any hazard insured against, including a failure to comply with loss control recommendations
 - d. Change in the risk that increases the risk of loss after insurance coverage has been issued or renewed, including an increase in exposure due to regulation, legislation, or court decision
 - e. Determination by the commissioner of insurance that continuing the policy would jeopardize your solvency or would place us in violation of the insurance laws of this state or any other state
 - f. Violation or breach by the insured of any policy terms or conditions

- g. Such other reasons that are approved by the commissioner of insurance
2. The insurer is required to provide notification of cancellation as follows:
 - a. A notice of cancellation of insurance coverage by us will be in writing or by electronic means and will be mailed or delivered to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or your last address of record. Notices of cancellation based on conditions 1.a. through 1.g. of Section G-1 will be mailed or delivered 30 days before the effective date of the cancellation. The notice will state the effective date of the cancellation.
 - b. we will provide you and the certificate holder (LDH Health Standards Section) with a written or electronic statement specifying the reason for the cancellation when you request such a statement in writing. Your written or electronic request must state that you hold us harmless from liability for any communication:
 - (1) Giving notice of or specifying the reasons for a cancellation or
 - (2) For any statement made in connection with an attempt to discover or verify the existence of conditions that would be a reason for cancellation under this endorsement
3. We will provide a notice of cancellation or a statement of reasons for cancellation to you and the certificate holder (LDH Health Standards Section) where cancellation for nonpayment of premium is effected by a premium finance company or other entity pursuant to a power of attorney or other agreement executed by or on behalf of you.
4. We may decide not to renew your policy. If we decide not to renew your policy, we will mail or deliver written or electronic notice to you at the mailing address shown on the policy or your last address of record. Such notice of nonrenewal will be mailed or delivered at least 60 days before the policy expiration date. Such notice to you will include your loss-run information for the period the policy has been in force within, but not to

exceed, the last three years of coverage. If the notice is mailed or delivered less than 60 days before expiration, coverage will remain in effect under the same terms and conditions until 60 days after the notice is mailed or delivered. Earned premium for any period of coverage that extends beyond the policy expiration date will be considered pro rata based on the previous year's rate. For purposes of the endorsement, the transfer of a policyholder between companies within the same insurance group will not be a refusal to renew. In addition, changes in the deductible, changes in rate, changes in the amount of insurance, or reductions in policy limits or coverage will not be refusals to renew.

5. Notice of nonrenewal will not be required if we or a company within the same insurance group has offered to issue a renewal policy, or where you have obtained replacement coverage or have agreed in writing to obtain replacement coverage.
6. If we provide the notice described in paragraph 4 above, and thereafter we extend the policy for 90 days or less, an additional notice of nonrenewal is not required with respect to the extension.
7. We must mail or deliver to you and the certificate holder (LDH Health Standards Section) at the mailing address shown on the policy or the last address of record, written or electronic notice of any rate increase, change in deductible, or reduction in limits or coverage 30 days before the expiration date of the policy. If we fail to provide such 30-day notice,

the coverage provided to you at the expiring policy's rate, terms, and conditions will remain in effect until notice is given or until the effective date of replacement coverage obtained by you, whichever occurs first. For the purposes of this paragraph, notice is considered given 30 days following the date of mailing or delivery of the notice. If you elect not to renew, any earned premium for the period of extension of the terminated policy will be calculated pro rata at the lower of the current or previous year's rate. If you accept the renewal, the premium increase, if any, and other changes will be effective the day following the prior policy's expiration date.

8. Paragraph 7 does not apply to changes:
 - a. In a rate or plan filed with the commissioner of insurance and applicable to an entire class of business
 - b. Based on the altered nature or extent of the risk insured
 - c. In policy forms filed and approved with the commissioner and applicable to an entire class of business
 - d. Requested by the insured
9. Proof of mailing or delivery of notice of cancellation, or of nonrenewal, or of premium or coverage changes to the named insured and the certificate holder (LDH Health Standards Section) where applicable at the mailing address shown in the policy or at the last address of record, will be sufficient proof of notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOUISIANA COST CONTAINMENT ACT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 134

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Louisiana is shown in Item 3.A. of the Information Page.

You may be eligible for two (2) percent reduction in your premium if you attend a cost containment meeting conducted by the Occupational, Safety and Health Administration (OSHA) Section of the Office of Workers Compensation Administration. In order for you to receive the reduction, you must submit to us a certificate of attendance from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date you attended the cost containment meeting.

You may also be eligible for an additional five (5) percent reduction in your premium if you have attended a cost containment meeting and have subsequently satisfactorily implemented an occupational safety and health program prescribed by the OSHA Section. In order for you to receive the reduction, you must submit to us a Certificate of Satisfactory Implementation of Occupational, Safety and Health Program from the OSHA Section. The reduction will apply for a period of one year and will be applied to the policy becoming effective after the date of your certification.

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI EMPLOYER-PAID MEDICAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 135

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs; there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. **You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.**

However, it should be noted that if, at any time, the medical expenses that are paid out of pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience rating modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount



(Ed. 8-16)

Form WC 24 04 06 D Printed in U.S.A.

Process Date:

Policy Expiration Date:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOUISIANA DUTY TO DEFEND ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 136

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies to the insurance provided by the policy because Louisiana is shown in Item 3.A. of the Information Page.

The duty to defend provision of the policy is replaced by this provision.

Part Two - Employers' Liability

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We

have the right to investigate and settle these claims, proceedings and suits. Our duty to defend ends when the limit of liability has been exhausted by the payment of a judgment or settlement.

Countersigned by

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 137

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;

e. our insolvency;

f. our involuntary loss of reinsurance for the policy.

4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

Countersigned by



Authorized Representative

Form WC 24 06 01 B

Process Date: 05/02/2024

Policy Expiration Date: 04/01/2025



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISSOURI AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 138

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

Part Five - Premium, Section G. (Audit) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all of your records relating to this policy during regular business hours throughout and after the policy period. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights that we have under this provision.

Audits must be completed and billed, and any premiums will be returned, within 120 days of policy expiration or cancellation unless:

1. Delay is caused by your failure to respond to reasonable audit requests, provided that the requests are timely and adequately documented; or
2. A written agreement between you and us provides a longer time frame.

If you or we have any objection to the results of any audit, you or we may send a written notice demanding a reconsideration of the audit within three years from the date of expiration or cancellation of this policy. The written notice must be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records relating to this policy, and/or do not provide audit information as timely and reasonably requested, we may apply an Audit Noncompliance Charge equal to a maximum of up to two times the estimated annual premium. The method for determining the Audit Noncompliance Charge is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

Schedule

Basis of Audit	Maximum Audit
Noncompliance Charge	Noncompliance Charge Multiplier
Estimated Annual Premium	Up to two times



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MISSOURI PROPERTY AND CASUALTY GUARANTY
ASSOCIATION ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 139

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits.

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
 - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net

worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

- b. However, the association will not:
 - (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
 - (2) Return to an insured any unearned premium in excess of \$25,000

These limitations have no effect on the coverage we will provide under this policy.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KANSAS FINAL PREMIUM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 140

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes how the final premium is determined. The change applies only to the premium charged because Kansas is shown in Item 3.A. of the Information Page.

- o Kansas final premium will not be less than the highest minimum premium for the classifications covered by this policy unless there are two or more classifications covered and the highest rated classification has less than \$500 payroll.
- o When this occurs the final premium will not be less than one-half of the sum of the two highest minimum premiums for any classifications covered by the policy other than Clerical Office and Salespersons.
- o When the highest rated classification has less than \$500 payroll and Standard Exception classifications are the only classifications showing payrolls, the final premium will not be less than the minimum premium for the classification showing the highest payroll.
- o Final premium for a multiple state policy will be that of the state with the single highest minimum premium, even if that state is on an "if any" basis. If two or more states have the same highest minimum premium, the minimum premium is determined by the state with the largest amount of standard premium.
- o Minimum premium is subject to final adjustment at audit and will be determined only on the basis of the classifications developing premium.
- o If the final earned premium is less than the minimum premium determined at audit, then that minimum premium must be charged.
- o If no classification develops premium, the final premium shall be a flat charge of \$200.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



KANSAS CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 141

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Kansas is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by these two Conditions:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your last known address will be sufficient to prove notice.
3. If this policy has been in effect for 90 days or more, we may cancel only for one of the following reasons:
 - a. nonpayment of premium;
 - b. the policy was issued because of a material misrepresentation;
 - c. you violated any of the material terms and conditions of the policy;

- d. there are unfavorable underwriting factors, specific to you, that were not present when the policy took effect;
- e. the Commissioner has determined that our continuation of coverage could place us in a hazardous financial condition or in violation of the laws of Kansas; or
- f. the Commissioner has determined that we no longer have adequate reinsurance to meet our needs.

4. Our notice of cancellation will state our reasons for canceling.
5. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

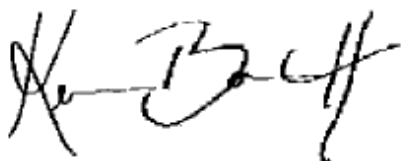
1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice when the nonrenewal will take effect. Mailing that notice to you at your mailing dress shown in Item 1 of the Information Page will be sufficient to prove notice.
2. Our notice of nonrenewal will state our reasons for not renewing.

Countersigned by

Authorized Representative

POLICY NUMBER: 57 WV WQ0015
NAME OF INSURER:

Our President and Secretary have signed this policy. Where required by law, the Information Page has been countersigned by our duly authorized representative.



Kevin Barnett, Secretary



M. Ross Fisher, President

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 143

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Georgia is shown in Item 3.A. of the policy Information Page.

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation, Nonrenewal, and Change

1. You may cancel this policy. You must mail or deliver advance notice to us in writing, or deliver advance notice orally or electronically, stating when the cancellation is to take effect. We may require that you provide written, electronic, or other recorded verification of the request before the cancellation takes effect. The cancellation is subject to the following:
 - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
 - b. If by statute, regulation, or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days' notice to you and the third party as soon as practical after receiving your request for cancellation.
Our notice will state the effective date of cancellation, which will be the later of the following:
 - 1) 10 days from the date of mailing or delivering our notice, or
 - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium, or if we nonrenew this policy, we must send a notice of cancellation or nonrenewal by certified mail, return receipt requested, to you at your last address of record at least 75 days before the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase in premium due to change in risk or exposure, including a change in experience rating modification or resulting from an audit of auditable coverages), we must deliver a notice of our action (including dollar amount of the increase in renewal premium more than 15%) to you, by first class mail, at your last address of record at least 45 days before the expiration date of this policy.
4. If we reduce the policy coverage, we must provide you with written notice at least 45 days before the effective date of the reduction in coverage. The notice will be delivered to you in person or by first class mail to your last address of record. A reduction in coverage made by us includes elimination of coverage, a decrease in scope or less coverage, or the addition of an exclusion. Requests made by you to change, reduce, or eliminate coverage are not considered reductions in coverage.
5. If you fail to submit to, or allow an audit for, the current or most recently expired policy term, we may, after two documented efforts to notify you and your agent of potential cancellation, send via certified mail or statutory overnight delivery, return receipt requested, written notice to you at least 10 days before the effective date of cancellation in lieu of the number of days' notice otherwise required by state law. However, we must not mail a cancellation notice within 20 days of the first documented effort to notify you of potential cancellation.
6. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTANA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 144

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Montana is shown in Item 3.A. of the Information Page.

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we will apply an Audit Noncompliance Charge equal to one times the estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARIZONA AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 145

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Arizona is shown in Item 3.A. of the Information Page.

Item 2. of the Information Page is replaced by the following:

2. The policy period is from 04/01/2024 to 04/01/2025 12:01 a.m. in the time zone of the insured's mailing address. For endorsements issued during the policy period, the effective date is in the time zone of the insured's mailing address.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN LAW ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 146

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

Michigan law requires that we attach this paragraph to your policy in the language specified by the statute. To help you understand the paragraph, the following definitions are added:

1. We are "the insurer issuing this policy"
2. You are "the insured employer"
3. "Michigan workmen's compensation act" means the Workers' Disability Compensation Act of 1969
4. "Workmen's compensation" means workers compensation
5. "The bureau of workmen's compensation" means the Bureau of Workers' Disability Compensation

"Notwithstanding any language elsewhere contained in this contract or policy of insurance, the accident fund or the insurer issuing this policy hereby contracts and agrees with the insured employer:

Compensation

- a. That it will pay to the persons that may become entitled thereto all workmen's compensation for which the insured employer may become liable under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Medical Services

- b. That it will furnish or cause to be furnished to all employees of the employer all reasonable medical surgical, and hospital services and medicines when they are needed, which the employer may be obligated to furnish or cause to be furnished to his employees under the provisions of the Michigan workmen's compensation act, and that it will pay to the persons entitled thereto for all such services and medicines when they are needed for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Rehabilitation Services

- c. That it will furnish or cause to be furnished such rehabilitation services for which the insured employer may become liable to furnish or cause to be furnished under the provisions of the Michigan workmen's compensation act for all compensable injuries or compensable occupational diseases happening to his employees during the life of this contract or policy;

Funeral Expenses

- d. That it will pay or cause to be paid the reasonable expense of the last sickness and burial of all employees whose deaths are caused by compensable injuries or compensable occupational diseases happening during the life of this contract or policy and arising out of and in the course of their employment with the employer, which the employer may be obligated to pay under the provisions of the Michigan workmen's compensation act;

Scope of Contract

- e. That this insurance contract or policy shall for all purposes be held and deemed to cover all the business the said employer is engaged in at the time of the issuance of this contract or policy and all other businesses, if any, the employer may engage in during the life thereof, and all employees the employer may employ in any of his businesses during the period covered by this policy;

Obligations Assumed

- f. That it hereby assumes all obligations imposed upon the employer by his acceptance of the Michigan workmen's compensation act, as far as the payment of compensation, death benefits, medical, surgical, hospital care or medicine and rehabilitation services is concerned;

Termination Notice

- g. That it will file with the bureau of workmen's compensation at Lansing, Michigan, at least 20 days before the taking effect of any termination or cancellation of this contract or policy, a notice giving the date at which it is proposed to terminate or cancel this contract or policy; and that any termination of this policy shall not be effective as far as the employees of the insured employer are concerned until 20 days after notice of the proposed termination or cancellation is received by the bureau of workmen's compensation;

Conflicting Provisions

- h. That all the provisions of this contract, if any, which are not in harmony with this paragraph are to be constructed as modified hereby, and all conditions and limitations in the policy, if any, conflicting herewith are hereby made null and void.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN NOTICE OF POLICYHOLDER ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 147

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Michigan is shown in Item 3.A. of the Information Page.

1. Rates and Premium

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact us or your agent.

You may obtain pertinent rating information by submitting a written request to us at our address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your rates and premiums were determined. If you are not satisfied with the results of the review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. Payroll Audits

You may request a payroll audit once each calendar year. Your request must be in writing, sent to our address shown in this endorsement.

You must state that you believe your payroll expenditures have changed by 20% or more, and you must state the reasons for that belief. We will complete the audit within 120 days of receipt of your request if you provide us with all information we need to perform the audit.

3. Reserves or Redemption

You may request reserve and redemption information that relates to the premium for this policy. Your request must be in writing sent to our address shown in this endorsement. We will provide you with that information within thirty (30) days of receipt of your request.

If you believe that the policy premiums are excessive because we set unreasonable reserves or because of the unreasonable redemption of claim, you may request a meeting with our management representative. Your request must be in writing sent to our address shown in this endorsement. If you are not satisfied with the results of the meeting, you may appeal to the Insurance Commissioner at the address shown in this endorsement.

Addresses

Company Address

Commissioner of Insurance
Michigan Insurance Bureau
P.O. Box 30220
Lansing, MI 48909

Hartford Specialty
Company
One Hartford Plaza
Hartford, CT. 06155



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTANA INTENTIONAL INJURY EXCLUSION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 148

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Montana is shown in Item 3.A. of the Information Page.

Exclusion 5 of Section C - Exclusions of Part Two (Employers Liability Insurance) of the policy is replaced by the following exclusion:

C. Exclusions

This insurance does not cover:

5. bodily injury caused by your intentional, malicious or deliberate act, whether or not the act was intended to cause injury to the employee injured, or whether or not you had actual knowledge that an injury was certain to occur.

Countersigned by: _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTANA SAFETY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 149

Effective Date: 04/01/2024

Effective hour is the same as stated on the information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the Policy because insurance is provided to you in Montana.

You must establish and administer an education-based safety program for all employees including temporary workers. The program shall consist of a safety training program which includes new employee general safety orientation, job - or task - specific safety training, and continuous refresher safety training encompassing periodic safety meetings. The education-based safety program will also include periodic hazard assessments, with corrective actions identified, and appropriate documentation of performance of the activities.

If you have more than five employees, then you must have a comprehensive and effective safety program which has a safety committee, established procedures for reporting and investigating all work-related incidents, accidents, injuries, and illnesses, and established procedures that assign specific safety responsibilities and safety performance accountability.

We must provide safety consultation services to you which include consideration of the hazard, experience, and the size of your operations. We will notify you of the type of safety consultation services available and the location where the safety consultation services may be requested. If we furnish or fail to furnish safety consultation services related to, in connection with, or incidental to providing workers compensation, we are not responsible for damages from any injury, loss, or death occurring as a result of any act of omission by us, our employees or our service contractors in the course of providing safety consultation services to you.

However, we may be responsible for any safety consultation services required to be performed under the provisions of a written service contract for which a specific charge is made and not incidental to a policy of insurance; for damages caused by our actions or omission to act in which it was judicially determined that the act or omission constituted a crime or involved actual malice; or if the injury, loss, or death occurred during the actual performance of safety consultation services and was directly and proximately caused by us.

Countersigned by

Authorized Representative

Form WC 25 06 02 Printed in U.S.A.

Process Date:

Policy Expiration Date:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 150

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Arkansas is shown in Item 3.A. of the Information Page.

Part Two - Employers Liability Insurance, Section C. (Exclusions), Item 2 of the policy is replaced by the following:

2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation:

1. You may cancel this policy. You must mail or deliver at least 30 days' advance written notice of cancellation to us. Cancellation is effective at 12:01 a.m. 30 days after we receive notice unless you specify a later date for cancellation.

You may cancel coverage effective less than 30 days after written notice has been received by us if you have obtained other coverage or become a self-insurer.

2. We may cancel this policy. If we cancel because you fail to pay all premiums when due, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient notice.
3. The policy period will end on the day and hour stated in the cancellation notice.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTANA AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 151

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies because Montana is shown in Item 3.A. of the Information Page.

General Section, Section C. (Workers Compensation Law) of the policy is changed by adding the following:

The provisions of this policy conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this policy.

Part Six - Conditions, Section D. (Cancellation) of the policy is replaced by the following:

D. Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We will provide you and the Montana Department of Labor and Industry not less than 20 days advance written notice stating when the cancellation is to take effect. We will provide the notice to you via mail or via electronic delivery in accordance with the Electronic Delivery of Insurance Notices or Documents law (MCA 33-15-601 et seq.). Mailing notice to you at your last known address or delivery via electronic means in compliance with the Electronic Delivery of Insurance Notices or Documents law will be sufficient to prove notice.
3. If this policy has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. A nonpayment of premium;
 - b. A material misrepresentation;
 - c. A substantial change in the risk we assumed under the policy unless it was reasonable for us to foresee the change or contemplate the risk when we issued the policy;
 - d. A substantial breach of the duties, conditions or warranties under the policy;
 - e. The Commissioner has determined that continuation of the policy would place us in violation of the laws of Montana;
 - f. We are financially impaired; or
 - g. Any other reason that is approved by the Commissioner.
4. Our notice of cancellation will state our reasons for canceling.

Part Six - Conditions of the policy is changed by adding the following:

F. Nonrenewal

1. We may elect not to renew. We will provide you and your agent not less than 45 days advance written notice stating our intention not to renew this policy. We will provide the notice to you via mail or via electronic delivery in accordance with the Electronic Delivery of Insurance Notices or Documents law. Mailing notice to you at your last known address or delivery via electronic means in compliance with the Electronic Delivery of Insurance Notices or Documents law will be sufficient to prove notice.
2. We do not have to renew the policy if you are insured elsewhere, accept replacement insurance, or request or agree to nonrenewal, or if the policy is expressly designated as being nonrenewable.
3. Our notice of nonrenewal will state our reasons for not renewing.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MICHIGAN AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 152

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Notice given by or on behalf of the insured to our authorized agent, with particulars sufficient to identify the insured, shall be considered notice to us.

Failure to give any notice required by this Condition within the time period specified shall not invalidate

any claim made by you if it shall be shown not to have been reasonably possible to give notice within the prescribed time period and that notice was given as soon as was reasonably possible.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW HAMPSHIRE CERTIFIED MANAGED CARE ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 153

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because New Hampshire is shown in Item 3.A. of the Information Page.

You will receive a ten percent (10%) premium credit if you subscribe to the services of an approved Managed Care Program.

In order to receive this credit, you are enrolled by your insurance company or subscribe individually to obtain the services of a Certified Managed Care Program. Certified Managed Care Programs are programs that are approved by the New Hampshire Department of Labor and ratified by the New Hampshire Advisory Council on Workers Compensation.

The managed care credit is to be applied in a multiplicative manner, after application of the experience modification factor. Also, all other credits/debits must be applied in a multiplicative manner, after the application of the experience modification factor and the managed care credit and before the application of the expense constant or premium discount, if any.

The credit can only be issued at inception of the policy. Minimum premium policies are not eligible for this credit. The credit is not applicable to assigned risk policies.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OKLAHOMA EMPLOYERS LIABILITY
INTENTIONAL TORT EXCLUSION ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 154

Effective Date: 04/01/2024 Effective Hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part Two – Employers Liability Insurance, C – Exclusions, 5. is replaced by the following:

This insurance does not cover:

5. bodily injury intentionally caused or aggravated by you, or bodily injury that you knew or should have known was substantially certain to occur from an act caused, committed, or aggravated by you;

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OKLAHOMA FRAUD WARNING
ENDORSEMENT**

Policy Number:57 WV WQ0015

Endorsement Number:155

Effective Date:04/01/2024

Effective Hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the Policy because Oklahoma is shown in Item 3.A. of the Information Page.

**WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE,
DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE
PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE,
INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A
FELONY.**

Countersigned by



Authorized Representative

Form WC 35 06 03 Printed in U.S.A.

Process Date: 05/02/2024

System Date: 09/95

Policy Expiration Date: 04/01/2025



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MAINE NOTICE OF FILING OF FIRST REPORTS
OF INJURY WITHIN SEVEN DAYS**

Policy Number: 57 WV WQ0015

Endorsement Number: 156

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by this policy because Maine is shown in Item 3.A. of the Information Page.

Employer's First Report of Occupational Injury or Disease, form WCB-1, required to be filed for injuries arising out of and in the course of an employee's employment that has caused the employee to lose a day's work shall be reported to and received by the Workers' Compensation Board within SEVEN days

after the employer receives notice or knowledge of the injury, as provided by 39-A M.R.S.A. sec. 303. First Reports of Injury can be mailed, electronically submitted or faxed to the Workers' Compensation Board at 207-287-5895.

Contact us immediately if an injury occurs which may be required to be reported to the Workers' Compensation Board.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MAINE SUPPLEMENTAL BENEFITS FUND ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 157

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the Insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Title 39-A of Maine Revised Statute Annotated, sections 355A through section 356 establishes the Maine Supplemental Benefits Fund to reimburse insurers and self-insurers for their payments of

compensation to employees made pursuant to 39-A M.R.S.A. § 213(3),(4).

We are authorized pursuant to 39-A M.R.S.A. § 356 to collect a surcharge from you to pay the assessments required pursuant to 39-A M.R.S.A. § 154(3). Your surcharge will be calculated in accordance with 39-A M.R.S.A. § 154(3)(B-1).

Schedule

Surcharge: %



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MAINE FINAL PREMIUM AUDIT ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 158

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Part Five (Premium), Condition E, **Final Premium**, and Condition G, **Audit**, are changed by adding these Conditions:

E. Final Premium

We are required by Maine regulation to complete our final premium audit not later than 120 days after the policy period ends.

If we are unable to examine and audit your records because of your failure to cooperate, we will mail advance written notice to you stating the reasons for our inability to establish the final premium. Your final premium will be established no later than 120 days from the time we are able to complete the examination and audit of your records.

If we have not established the final premium within the 120-day time limitation, we may not bill or collect any additional premium that exceeds the latest billed annual premium.

G. Audit

You may request a final premium audit to determine whether you are entitled to a refund, if we have not established the final premium within the 120-day time limit. You will mail or deliver written notice to us requesting the audit.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OKLAHOMA ELECTION OF COVERAGE NOTIFICATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 159

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Oklahoma is shown in Item 3.A. of the Information Page.

NOTICE: YOU HAVE THE OPTION TO ELECT TO INCLUDE, AS APPLICABLE, YOUR SOLE PROPRIETOR, ANY OR ALL OF YOUR PARTNERSHIP MEMBERS, ANY OR ALL OF YOUR

LIMITED LIABILITY COMPANY MEMBERS, OR ANY OR ALL OF YOUR STOCKHOLDER-EMPLOYEES AS EMPLOYEES FOR THE PURPOSE OF WORKERS COMPENSATION INSURANCE COVERAGE BY ENDORSING THE POLICY IN ACCORDANCE WITH SECTION 3 OF TITLE 85 OF THE OKLAHOMA STATUTES.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WEST VIRGINIA CANCELLATION ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 160

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because West Virginia is shown in Item 3.A. of the Information Page.

Part Six, D (Conditions-Cancellation) is replaced by:

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us by stating when the cancellation is to take effect.
2. We may cancel this policy at any time by providing you thirty (30) days advance written notice.
3. Notwithstanding #2 above, if you fail to pay any premium due or refuse to comply with a premium audit under this policy, we may cancel the policy by providing you ten (10) days advance written notice.

4. We may also choose not to renew this policy by providing sixty (60) days advance written notice.
5. Our mailing of the Notice of Cancellation or Non-Renewal to your mailing address as listed in Item 1 of the information page will be sufficient notice of our intent to cancel. We will also provide notice of the cancellation or non-renewal of the policy to the West Virginia Insurance Commissioner at least ten (10) days prior to the effective date of termination, within ten (10) days of receipt of your request for cancellation, as applicable.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW HAMPSHIRE AMENDATORY ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 161

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the New Hampshire coverage provided by the policy because New Hampshire is shown in Item 3.A. of the Information Page.

For New Hampshire coverage, the Cancellation condition of the policy is amended and replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us.
2. We may cancel this policy. We will file a written termination notice with the Commissioner of the Department of Labor and will send a copy to you.
3. In case of nonpayment of premium, the cancellation will take effect 30 days after the termination notice is filed.
4. In case of cancellation for reasons other than nonpayment of premium, cancellation will take effect 45 days after the notice of termination is filed.
5. If you have obtained coverage from another insurance carrier or have qualified as a self-insurer, cancellation is effective on the date you obtained the coverage or qualified as a self-insurer.

Countersigned by



Authorized Representative

Form WC 28 06 04 Printed in U.S.A.

Process Date: 05/02/2024

System Date: 04-96

Policy Expiration Date: 04/01/2025



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MAINE INSPECTION IMMUNITY ENDORSEMENT
(TITLE 14 MAINE REVISED STATUTES ANNOTATED SECTION 167)**

Policy Number: 57 WV WQ0015

Endorsement Number: 162

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

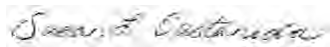
Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

THE FOLLOWING LIMITS OUR LIABILITY

We, the insurance company, our agents, employees, or service contractors, are not liable for damages from injury, death or loss occurring as a result of any act or omission in the furnishing of or the failure to furnish insurance inspection services related to, in connection with or incidental to the issuance or renewal of a policy of property or casualty insurance.

This exemption from liability does not apply:

- A. If the injury, loss or death occurred during the actual performance of inspection services and was proximately caused by our negligence or by the negligence of our agents, employees or service contractors;
- B. To any inspection services required to be performed under the provisions of a written service contract or defined loss prevention program;
- C. In any action against us, our agents, employees, or service contractors for damages proximately caused by our acts or omissions which are determined to constitute a crime, actual malice or gross negligence; or
- D. If we fail to provide this written notice to the insured whenever a policy is issued or when new policy forms are issued upon renewal.

Countersigned by 
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW MEXICO CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 163

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies to the insurance provided by the policy because New Mexico is shown in Item 3.A. of the Information Page.

Part Six – Conditions, Section D. Cancellation of the policy is replaced by the following:

D. Cancellation

1. You may cancel this policy by giving us advance written notice stating when the cancellation is to take effect.
2. At any time during the policy period, regardless of the number of days the policy has been in effect, we may cancel this policy for nonpayment of premium when due. We must give written notice to you at least 10 days prior to the effective date of the cancellation.
3. If the policy has been in effect less than 60 days and is not a renewal policy, we may cancel this policy without cause by giving written notice to you at least 10 days prior to the effective date of the cancellation. The cancellation effective date must fall within this period of less than 60 days.
4. Subject to Subsection 2. above, if the policy has been in effect for 60 days or more or is a renewal, we may cancel this policy only for one or more of the following reasons:
 - a. The policy was obtained through material misrepresentation, fraudulent statements, omissions or concealment of fact material to the acceptance of the risk or to the hazard assumed by us. We must give written notice to you at least 15 days prior to the effective date of cancellation.
 - b. Willful and negligent acts or omissions by you have substantially increased the

hazards insured against. We must give written notice to you at least 15 days prior to the effective date of cancellation.

- c. You presented a claim based on fraud or material misrepresentation. We must give written notice to you at least 15 days prior to the effective date of cancellation.
- d. There has been a substantial change in the risk assumed by us since the policy was issued. We must give written notice to you at least 30 days prior to the effective date of cancellation.
- e. Revocation or suspension of driver's license of the named insured or other operator who either resides in the same household or customarily operates the vehicle. We must give written notice to you at least 15 days prior to the effective date of cancellation.
5. We will give the required Notice of Cancellation stating the reason(s) for cancellation before the cancellation is effective. The notice will state the time that the cancellation is to take effect. The written notice of cancellation will be sent to your last address of record with us.

Part Six – Conditions of the policy is changed by adding the following:

F. Nonrenewal

1. If we decide not to renew this policy, we must give you written notice of our intention at least 30 days prior to the expiration of the policy. The written notice of nonrenewal will be sent to your last address of record with us.
2. This renewal section does not apply to any policy of insurance issued to an insured that has its principal place of business outside the state of New Mexico.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WEST VIRGINIA WORKERS COMPENSATION INSURANCE RECOVERY
FROM OTHER ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 164

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part One - Workers Compensation Insurance, G. - Recovery From Others, is replaced by the following:

We have your rights to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**NEW HAMPSHIRE SOLE
REPRESENTATIVE ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 165

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because New Hampshire is shown in Item 3.A. of the Information Page.

Condition E, "Sole Representative," of the policy is replaced by the following:

"The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium or to give us notice of cancellation. If we cancel this policy, we will give each named insured notice of cancellation."

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OKLAHOMA CANCELLATION, NONRENEWAL AND CHANGE
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 166

Effective Date: 04/01/2024

Effective Hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies to the insurance provided by the policy because Oklahoma is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition in Part Six (Conditions) of the policy is amended by adding the following provision:

5. If this policy has been in effect for more than 45 business days or is a renewal policy, we may cancel only for one of the following reasons:

- a. Nonpayment of premium;
- b. Discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any claims submitted under it;
- c. Discovery of willful or reckless acts or omissions on the part of the named insured which increase any hazard insured against;
- d. The occurrence of a change in the risk which substantially increases any hazard insured against after insurance coverage has been issued or renewed;
- e. A violation of local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;
- f. A determination by the Insurance Commissioner that the continuation of the policy would place the insurer in violation of the insurance laws of this state;

g. Conviction of the named insured of a crime having as one of its necessary elements an act increasing any hazard insured against; or

h. Loss of or substantial changes in applicable reinsurance.

Part 6 (Conditions) of the policy is amended by adding the following provisions:

F. Nonrenewal

If we elect not to renew this policy, we will mail or deliver written notice of nonrenewal to you at least 45 days before:

- a. The expiration date of this policy; or
- b. An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.

Any notice of nonrenewal will be mailed or delivered to you at the last mailing address known to us.

If notice is mailed:

- a. It will be considered to have been given to you on the day it is mailed.
- b. Proof of mailing will be sufficient proof of notice.

If notice of nonrenewal is not mailed or delivered at least 45 days before the expiration date or an anniversary date of this policy, coverage will remain in effect until 45 days after notice is given. Earned premium for such extended period of coverage will be calculated pro rata based on the rates applicable to the expiring policy.

We will not provide notice of nonrenewal if:

- a. We, or another company within the same insurance group, have offered to issue a renewal policy; or
- b. You have obtained replacement coverage or have agreed in writing to obtain replacement coverage.

If we have provided the required notice of nonrenewal as described above, and thereafter extend the policy for a period of 90 days or less, we will not provide an additional nonrenewal notice with respect to the period of extension.

G. Notice of Premium or Coverage Changes Upon Renewal

If we elect to renew this policy, we will give written notice of any premium increase, change in deductible, or reduction in limits or coverage, to you, at the last mailing address know to us.

Any such notice will be mailed or delivered to you at least 45 day before:

- a. The expiration date of this policy; or
- b. An anniversary date of this policy, if it is written for a term longer than one year or with no fixed expiration date.

If notice is mailed:

- a. It will be considered to have been given to you on the day it is mailed.

- b. Proof of mailing will be sufficient proof of notice.

If you accept the renewal, the premium increase or deductible, limits or coverage changes will be effective the day following the prior policy's expiration or anniversary date.

If notice is not mailed or delivered at least 45 days before the expiration date or anniversary date of this policy, the premium, the deductible, limits and coverage in effect prior to the changes will remain in effect until the earlier of:

- a. 45 days after notice is given; or
- b. The effective date of replacement coverage obtained by you.

If you then elect not to renew, any earned premium for the resulting extended period of coverage will be calculated pro rata at the lower of the new rates or rates applicable to the expiring policy.

We will not provide notice of the following:

- a. Changes in a rate or plan filed with or approved by the Insurance Commissioner or filed pursuant to the Property and Casualty Competitive Loss Cost Rating Act and applicable to an entire class of business; or
- b. Changes based upon the altered nature of extent of the risk insured; or.
- c. Changes in policy forms filed with or approved by the Insurance Commissioner and applicable to an entire class of business.

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MAINE CANCELLATION AND
NONRENEWAL ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 167

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Maine is shown in Item 3.A. of the Information Page.

Part Six - (Conditions) is changed by adding these conditions:

D. Cancellation

5. If this policy has been renewed or has been in effect for 60 days or more, we may cancel only for one of the following reasons:
 - a. Nonpayment of premium.
 - b. Fraud or a material misrepresentation was made in obtaining the policy, continuing the policy or presenting a claim under the policy.
 - c. The risk accepted when the policy was issued substantially increased.
 - d. Your failure to comply with reasonable loss control recommendations.
 - e. A substantial breach of contractual duties, conditions or warranties under the policy.
 - f. The Superintendent has determined that continuation of the policy could jeopardize our solvency or place us in violation of the law.

Nonrenewal

1. We may elect not to renew the policy. We will mail or deliver to you not less than 30 days advance written notice. A post office certificate of mailing to you at your last known address will be conclusive proof of receipt of that notice on the third calendar day after mailing.

Countersigned by

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KENTUCKY CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 168

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

The **Cancellation** condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will deliver or mail advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will deliver or mail to you not less than 75 days advance written notice stating when the cancellation is to take effect and our reason or reasons for cancellation. If we cancel for nonpayment of premium or within 60 days of the date of issuance of the policy, we will deliver or mail this notice not less than 14 days prior to the effective date of cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. After coverage has been in effect more than 60 days or after the effective date of a renewal policy, we may not cancel the policy unless cancellation is based on one or more of the following reasons:
 - a) nonpayment of premium;
 - b) discovery of fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy, or presenting a claim under the policy;

- c) discovery of willful or reckless acts or omissions on your part increasing any hazard originally insured;
- d) changes in conditions after the effective date of the policy or any renewal substantially increasing any hazard originally insured;
- e) a violation of any local fire, health, safety, building, or construction regulation or ordinance at any of your covered workplaces substantially increasing any hazard originally insured;
- f) our involuntary loss of reinsurance for the policy;
- g) a determination by the commissioner that the continuation of the policy would place us in violation of Kentucky insurance laws.

Nonrenewal

1. We may elect not to renew the policy. We will deliver or mail to you not less than 75 days advance written notice stating our intention not to renew and our reason or reasons for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide the notice of nonrenewal as required, the policy will be deemed to be renewed for the ensuing policy period upon payment of the appropriate premium, and coverage will continue until you have accepted

replacement coverage with another insurer, until you have agreed to the nonrenewal, or until the policy is canceled.

3. If we have delivered or mailed to you a renewal notice, bill, certificate, or policy not less than 30 days before the end of the current policy period clearly stating the amount and due date of the renewal premium charge, then the policy will terminate on the due date without further notice unless the renewal premium is received by us or our agent on or before the due date. If the policy terminates in this manner, we will deliver or mail to you within 15 days of termination at your mailing address shown in Item 1 of the Information Page a notice that the policy was not

renewed and the date on which coverage ceased to exist. Proof of mailing of the renewal premium to us or our agent on or before the due date will constitute a presumption of receipt on or before the due date.

4. If we offer to renew the policy for a premium amount more than 25% greater than the premium amount for the current policy term for like coverage and like risks, we will deliver or mail to you and to your agent not less than 75 days advance written notice of the renewal premium amount. We may at our option, in order to comply with this requirement, extend the period of coverage of the current policy at the expiring premium.

Countersigned by



Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

KENTUCKY NOTICE OF APPEAL RIGHTS ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 169

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Kentucky is shown in Item 3.A. of the Information Page.

NOTICE OF YOUR RIGHTS

If you believe that the rates or the rating system under this policy have been incorrectly or improperly applied, you may request a review of the manner in which the rate or rating system has been applied. You must make your request in writing to us or the National Council on Compensation Insurance, Inc. (NCCI). We or NCCI has thirty (30) days to grant or reject your request for a review and to notify you in writing whether your request has been granted or rejected. If your request is granted, we or NCCI shall conduct the review within ninety (90) days of receiving your request. If your request is rejected or if you are dissatisfied with the results of the review, you may appeal to the commissioner for further review. You must make your appeal within thirty (30) days of receipt of the rejection or of the results of your review. Your appeal is to be sent to:

Legal Division

Department of Insurance

P.O. Box 517

Frankfort, KY 40602

Your request for an appeal should include a statement of the facts and how the rates or rating system were incorrectly or improperly applied. Also, enclose copies of the results of the review and any other correspondence from us or NCCI. If your appeal shows good cause, the commissioner shall hold a hearing. The commissioner may, after the hearing, issue a final order affirming, modifying or reversing our or NCCI's action.

Countersigned by:

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**90-DAY REPORTING REQUIREMENT -
NOTIFICATION OF CHANGE IN OWNERSHIP
ENDORSEMENT**

Policy Number: 57 WV WQ0015

Endorsement Number: 170

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

Policy Number: 57 WV WQ0015

Endorsement Number: 171

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
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EXHIBIT B
Insurance Policy 57 WPR WQ0297



Customer Privacy Notice
The Hartford Financial Services Group, Inc. and Affiliates
 (herein called "we, our, and us")

This Privacy Policy applies to our United States Operations

We value your trust. We are committed to the responsible:

- a) management;
 - b) use; and
 - c) protection;
- of **Personal Information**.

This notice describes how we collect, disclose, and protect **Personal Information**.

We collect **Personal Information** to:

- a) service your **Transactions** with us; and
- b) support our business functions.

We may obtain **Personal Information** from:

- a) **You**;
- b) your **Transactions** with us; and
- c) third parties such as a consumer-reporting agency.

Based on the type of product or service **You** apply for or get from us, **Personal Information** such as:

- a) your name;
- b) your address;
- c) your income;
- d) your payment; or
- e) your credit history;

may be gathered from sources such as applications, **Transactions**, and consumer reports.

To serve **You** and service our business, we may share certain **Personal Information**. We will share **Personal Information**, only as allowed by law, with affiliates such as:

- a) our insurance companies;
- b) our employee agents;
- c) our brokerage firms; and
- d) our administrators.

As allowed by law, we may share **Personal Financial Information** with our affiliates to:

- a) market our products; or
 - b) market our services;
- to **You** without providing **You** with an option to prevent these disclosures.

We may also share **Personal Information**, only as allowed by law, with unaffiliated third parties including:

- a) independent agents;
- b) brokerage firms;

- c) insurance companies;
 - d) administrators; and
 - e) service providers;
- who help us serve **You** and service our business.

When allowed by law, we may share certain **Personal Financial Information** with other unaffiliated third parties who assist us by performing services or functions such as:

- a) taking surveys;
- b) marketing our products or services; or
- c) offering financial products or services under a joint agreement between us and one or more financial institutions.

We, and third parties we partner with, may track some of the pages **You** visit through the use of:

- a) cookies;
- b) pixel tagging; or
- c) other technologies;

and currently do not process or comply with any web browser's "do not track" signal or other similar mechanism that indicates a request to disable online tracking of individual users who visit our websites or use our services.

For more information, our Online Privacy Policy, which governs information we collect on our website and our affiliate websites, is available at <https://www.thehartford.com/online-privacy-policy>.

We will not sell or share your **Personal Financial Information** with anyone for purposes unrelated to our business functions without offering **You** the opportunity to:

- a) "opt-out;" or
 - b) "opt-in;"
- as required by law.

We only disclose **Personal Health Information** with:

- a) your authorization; or
- b) as otherwise allowed or required by law.

Our employees have access to **Personal Information** in the course of doing their jobs, such as:

- a) underwriting policies;
- b) paying claims;
- c) developing new products; or
- d) advising customers of our products and services.

We use manual and electronic security procedures to maintain:

- a) the confidentiality; and
- b) the integrity of;

Personal Information that we have. We use these procedures to guard against unauthorized access.

Some techniques we use to protect **Personal Information** include:

- a) secured files;
- b) user authentication;
- c) encryption;
- d) firewall technology; and
- e) the use of detection software.

We are responsible for and must:

- a) identify information to be protected;
 - b) provide an adequate level of protection for that data;
- and
- c) grant access to protected data only to those people who must use it in the performance of their job-related duties.

Employees who violate our privacy policies and procedures may be subject to discipline, which may include termination of their employment with us.

We will continue to follow our Privacy Policy regarding **Personal Information** even when a business relationship no longer exists between us.

As used in this Privacy Notice:

Application means your request for our product or service.

Personal Financial Information means financial information such as:

- a) credit history;
- b) income;
- c) financial benefits; or
- d) policy or claim information.

Personal Financial Information may include Social Security Numbers, Driver's license numbers, or other government-issued identification numbers, or credit, debit card, or bank account numbers.

Personal Health Information means health information such as:

- a) your medical records; or
- b) information about your illness, disability or injury.

Personal Information means information that identifies **You** personally and is not otherwise available to the public. It includes:

- a) **Personal Financial Information**; and
- b) **Personal Health Information**.

Transaction means your business dealings with us, such as:

- a) your **Application**;
- b) your request for us to pay a claim; and
- c) your request for us to take an action on your account.

You means an individual who has given us **Personal Information** in conjunction with:

- a) asking about;
 - b) applying for; or
 - c) obtaining;
- a financial product or service from us if the product or service is used mainly for personal, family, or household purposes.

If you have any questions or comments about this privacy notice, please feel free to contact us at The Hartford - Consumer Rights and Privacy Compliance Unit, One Hartford Plaza, Mail Drop: HO1-09, Hartford, CT 06155, or at ConsumerPrivacyInquiriesMailbox@thehartford.com.

This Customer Privacy Notice is being provided on behalf of The Hartford Financial Services Group, Inc. and its affiliates (including the following as of February 2024), to the extent required by the Gramm-Leach-Bliley Act and implementing regulations:

1stAGChoice, Inc.; Access CoverageCorp, Inc.; Access CoverageCorp Technologies, Inc.; Business Management Group, Inc.; Cervus Claim Solutions, LLC; First State Insurance Company; FTC Resolution Company LLC; Hart Re Group L.L.C.; Hartford Accident and Indemnity Company; Hartford Administrative Services Company; Hartford (Asia) Limited; Hartford Casualty General Agency, Inc.; Hartford Casualty Insurance Company; Hartford Corporate Underwriters Limited; Hartford Fire General Agency, Inc.; Hartford Fire Insurance Company; Hartford Funds Distributors, LLC; Hartford Funds Management Company, LLC; Hartford Funds Management Group, Inc.; Hartford Holdings, Inc.; Hartford Insurance Company of Illinois; Hartford Insurance Company of the Midwest; Hartford Insurance Company of the Southeast; Hartford Insurance, Ltd.; Hartford Integrated Technologies, Inc.; Hartford Investment Management Company; Hartford Life and Accident Insurance Company; Hartford Lloyd's Corporation; Hartford Lloyd's Insurance Company; Hartford Management, Ltd.; Hartford Management (UK) Limited; Hartford Productivity Services LLC; Hartford of the Southeast General Agency, Inc.; Hartford of Texas General Agency, Inc.; Hartford Residual Market, L.C.C.; Hartford Specialty Insurance Services of Texas, LLC; Hartford STAG Ventures LLC; Hartford Strategic Investments, LLC; Hartford Underwriters General Agency, Inc.; Hartford Underwriters Insurance Company; Hartford Underwriting Agency Limited; Heritage Holdings, Inc.; Heritage Reinsurance Company, Ltd.; HLA LLC; Horizon Management Group, LLC; HRA Brokerage Services, Inc.; Lattice Strategies LLC; Maxum Casualty Insurance Company; Maxum Indemnity Company; Maxum Specialty Services Corporation; Millennium Underwriting Limited; MPC Resolution Company LLC; Navigators Holdings (UK) Limited; Navigators Insurance Company; Navigators Management Company, Inc.; Navigators Specialty Insurance Company; Navigators Underwriting Limited; New England Insurance Company; New England Reinsurance Corporation; New Ocean Insurance Co., Ltd.; NIC Investments (Chile) SpA; Nutmeg Insurance Agency, Inc.; Nutmeg Insurance Company; Pacific Insurance Company, Limited; Property and Casualty Insurance Company of Hartford; Sentinel Insurance Company, Ltd.; The Navigators Group, Inc.; Trumbull Flood Management, L.L.C.; Trumbull Insurance Company; Twin City Fire Insurance Company; Y-Risk, LLC.



Policy Number 57 WPR WQ0297 Policy Effective Date 04/01/2024

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Dear Hartford Insured,

Re: An Important Message to Workers Compensation Policyholders

The control of workplace accidents and injuries should be among the highest priorities of your firm. Each accident wastes precious human and financial resources, and introduces inefficiencies into your operations. From a practical standpoint, the control of accidents, and their inevitable costs, simply makes good business sense.

An effective risk engineering program can save you money and aggravation, can positively impact your loss experience (and thus your premium), and most importantly, can help you maintain solid control of your operations.

As a service to you, our valued customer, the Risk Engineering Department of The Hartford in cooperation with your independent agent, can assist you in establishing risk engineering strategies. If you would like assistance, please complete and return to us the reply portion of this brochure, or contact your independent agent.

Services Available

The following is a description of some of the services that we provide. The types of services that may be appropriate for your business depend upon the nature and size of your operations and the specific risk engineering services you have requested. The cost of risk engineering services may or may not be a part of your insurance premium. This depends on the extent of the requested services, agreements stated in your insurance policy and program, and statutory regulations that may require us to provide risk engineering services.

- 1) **Reference Materials** - Information about risk engineering topics that can be provided or made available to you to help you to enhance your risk engineering program.
- 2) **Telephone Consultation** - We can hold a teleconference with you to help you to evaluate your risk engineering program, identify areas for improvement, and recommend ways to implement such improvements.
- 3) **Onsite Consultation** - This consists of visiting your premises and helping you to assess and remedy your risk engineering needs onsite. This level of service is usually only appropriate for larger, higher hazard operations. The following are examples of some of the services that could be provided onsite:
 - o A review of your safety program to determine its adequacy and recommend modifications to that plan where needed.
 - o Specific hazard evaluations, including ergonomics, industrial hygiene or material handling.
 - o An initial survey and evaluation to address potential safety and health hazards.
 - o Consultation to help management establish a comprehensive loss prevention Program.
 - o Periodic summaries of accidents and analysis of causes.
 - o Follow-up visits to check on progress and to provide continuing assistance when required.

A Word About OSHA

The Occupational Safety and Health Act of 1970 and similarly approved State Plans require employers to provide their employees with safe and healthful places to work. The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor and similar State agencies enforce the regulations and apply penalties (civil and criminal) for non-compliance.

New standards have been developed, and through application and interpretation, standards change. You should make yourself aware of the standards that are applicable to your operations, and assure yourself that reasonable efforts are made to be in compliance. Copies of the standards are available through most libraries, or can be obtained through OSHA or the U.S. Government Printing Office.

You should know that neither The Hartford, nor any other party, can fulfill your obligations under the Law. Questions related to your legal obligations should be referred to your legal counsel.

Some Safety Reminders from The Hartford:

Have you considered:

- The need to formalize your safety efforts to assure compliance and document your efforts?
- The need to acquire Material Safety Data Sheets on all hazardous materials and the need for training on appropriate safety measures for your employees?
- Requirements for record keeping of injuries, illnesses, and exposure to hazardous substances?
- Assessing each job task to determine hazards and needed controls?
- Measuring each exposure to hazardous substances to determine the need for control or personal protective equipment?
- What mechanisms are in place to periodically verify that exposure controls (guards, ventilation systems, etc.) are still in place and working?
- What specific training your employees and your supervisors need to avoid hazards in the workplace?
- What specific OSHA standards apply to your business?
- What mechanism exists to promptly investigate all accidents and 'near-misses' to limit the chance of another occurrence?
- The financial impact an injury or illness has on your business?
- What resources are available to you to help prevent accidents and illnesses?

Thank you for your business.

Sincerely,
The Hartford's Risk Engineering Department

THIS BROCHURE IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT IS NOT INTENDED TO BE A SUBSTITUTE FOR A COMPLETE ON-SITE SAFETY INSPECTION CONDUCTED BY A QUALIFIED RISK ENGINEERING SPECIALIST. READERS ARE ENCOURAGED TO HAVE SUCH AN INSPECTION CONDUCTED BOTH TO PROMOTE WORKPLACE SAFETY AND TO COMPLY WITH APPLICABLE LAW.

FOR ADDITIONAL INFORMATION OR ASSISTANCE, EITHER TELEPHONE OR MAIL THIS FORM TO YOUR HARTFORD AGENT OR NEAREST OFFICE OF THE HARTFORD

NOTICE TO ARKANSAS POLICYHOLDERS

The Hartford is required by law to provide its policyholders with certain accident prevention services at no additional cost as required by ARK. Code Ann. §11-9-409(D) and Rule 32. If you would like more information, call The Hartford's Risk Engineering Department, One Hartford Plaza, COG1, Hartford, CT 06155 at 1-866-586-0467. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

NOTICE TO CALIFORNIA POLICYHOLDERS

The Hartford is required by law to provide its policyholders with certain occupational safety and health risk engineering consultation services as required by the California Labor Code, §6354.5, at no additional charge. If you would like more information call The Hartford's Risk Engineering Department at 1-866-586-0467 for occupational safety and health risk engineering consultation services.

California Workers Compensation insurance policyholders may register comments about the insurer's risk engineering consultation service by writing to:

State of California
Department of Industrial Relations
Division of Occupational Safety and Health
P.O. Box 420603
San Francisco, California 94142

NOTICE TO PENNSYLVANIA POLICYHOLDERS

The Hartford maintains and provides accident and illness prevention services as required by the nature of the policyholder's business or its operation, in accordance with the Pennsylvania Workers' Compensation Act. For more information about these services contact your Hartford Agent or nearest office of The Hartford.

NOTICE TO TEXAS POLICYHOLDERS

Pursuant to Texas Labor Code §411.066, The Hartford is required to notify its policyholders that accident prevention services are available from The Hartford at no additional charge. These services may include surveys, recommendations, training programs, consultations, analyses of accident causes, industrial hygiene and industrial health services.

The Hartford is also required to provide return-to-work coordination services as required by Texas Labor Code §413.021 and to notify you of the availability of the return-to-work reimbursement program for employers under Texas Labor Code §413.022.

If you would like more information, contact The Hartford at 1-866-586-0467 and email contactriskengineering@thehartford.com for accident prevention services or 1-877-952-9222 and email CentralClaimCenter.WCEDM@thehartford.com for return-to-work coordination services.

For information about these requirements call the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) at 1-800-687-7080 or for information about the return-to-work reimbursement program for employers call the TDI-DWC at 1-512-804-5000.

If The Hartford fails to respond to your request for accident prevention services or return-to-work coordination services, you may file a complaint with the TDI-DWC in writing at <http://www.tdi.texas.gov> or by mail to Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 12050, Austin, Texas 78711.

Request for Technical Resources**To The Hartford's Risk Engineering Department:**

Yes - I am interested in obtaining information concerning:

General Topics <input type="checkbox"/> Accident Analysis <input type="checkbox"/> Accident Investigations <input type="checkbox"/> Establishing a Risk Engineering Program <input type="checkbox"/> Hazard Recognition <input type="checkbox"/> Safety Committees	Business Continuity <input type="checkbox"/> Business Travel Safety <input type="checkbox"/> Contingency Planning Overview <input type="checkbox"/> Emergency/Disaster Response <input type="checkbox"/> Emergency Evacuation Drills <input type="checkbox"/> Emergency Preparedness Planning	Construction <input type="checkbox"/> Construction Site Consultation <input type="checkbox"/> Construction Equipment Hazards <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Ladders & Scaffolds <input type="checkbox"/> Trenching & Evacuation <input type="checkbox"/> Fall Protection
Ergonomics <input type="checkbox"/> Back Injury Prevention <input type="checkbox"/> Computer Workstation <input type="checkbox"/> Cumulative Trauma Disorders <input type="checkbox"/> Ergo Train-the-Trainer <input type="checkbox"/> Telecommuting	Industrial Hygiene <input type="checkbox"/> Hazard Communication <input type="checkbox"/> Industrial Hygiene (general) <input type="checkbox"/> Indoor Air Quality <input type="checkbox"/> Noise Exposures <input type="checkbox"/> Respiratory Protection	Property <input type="checkbox"/> Automatic Sprinkler System <input type="checkbox"/> Flammable Liquids <input type="checkbox"/> Fire Prevention and Protection <input type="checkbox"/> Fire Drill and Evacuation <input type="checkbox"/> Hot Work Permit Program
Transportation <input type="checkbox"/> 3-D Driver Training <input type="checkbox"/> Driving Defensively <input type="checkbox"/> Fleet Newsletter <input type="checkbox"/> Guide to Successful Driver Mgmt <input type="checkbox"/> School Bus Driving Tips	Workers' Compensation <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Drug Screening <input type="checkbox"/> Machine Safeguarding <input type="checkbox"/> Return to Work Programs <input type="checkbox"/> Slip and Falls	Other Topics <input type="checkbox"/> Business Risk Management <input type="checkbox"/> General Liability Investigations <input type="checkbox"/> Product Liability Programs <input type="checkbox"/> Safety Training <input type="checkbox"/> Security/Terrorism

Name _____

Company _____ Policy # 57 WPR WQ0297

Address _____

City & State _____ Zip Code _____

Email Address: _____ Telephone _____

For more information on the above, you can visit our website at

<https://www.thehartford.com/riskengineering>

Or you may forward your request to:

Fax line: 1-860-723-4459

Or mail to:

The Hartford Financial Services Group
 Risk Engineering Department
 One Hartford Plaza, COG1
 Hartford, CT 06155



WISCONSIN NOTICE OF RIGHT TO FILE A COMPLAINT

KEEP THIS WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

The Hartford

Telephone:

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **OFFICE OF THE COMMISSIONER OF INSURANCE** by writing to:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 266-0103 in Madison, and request a complaint form.

Policy Number: 57 WPR WQ0297

Named insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
Endt. No. _____ RICHMOND, CA 94804



IMPORTANT NOTICE TO POLICYHOLDERS - TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007 - WORKERS COMPENSATION PREMIUM

In accordance with the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), we must make coverage for "certified acts of terrorism" available under your policy. The actual coverage provided by your policy for "certified acts of terrorism" is limited by the terms and conditions of your policy and/or applicable rules of law.

A "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of the State and the Attorney General of the United States, to be an act of terrorism pursuant to TRIPRA. The criteria contained in TRIPRA for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIPRA; and
2. The act resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Any terrorism coverage made available in our policies is partially reinsured by the United States Department of the Treasury (the "Treasury") under a formula established by TRIPRA. Under this formula, the federal share equals 85% of that portion of such insured losses exceeding the applicable insurer deductible. However, if aggregate insured losses attributable to certified acts of terrorism under TRIPRA exceeds \$100 billion in a Program Year (January 1 through December 31) the Treasury will not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under TRIPRA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIPRA, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion and, in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Treasury.

TRIPRA has revised the existing definition of "certified act of terrorism" to remove the requirement that the act be committed by an individual or individuals acting on behalf of any foreign person or foreign interest. As a result, a "certified act of terrorism" now includes both foreign and domestic terrorism. The premium attributable to such coverage is set forth as follows. The charge for foreign terrorism is either shown in Item 4 of the Information Page or on the Schedule. The charge for domestic terrorism is included as part of the DTEC charge and can be determined by applying the percentage, by state, shown in the table on the following page against the DTEC premium shown in Item 4 of the Information Page or on the Schedule. The rate for foreign terrorism and domestic terrorism will apply as of the effective date of your policy or the anniversary rating date if different from the effective date.

The terrorism rates are subject to change at any time based on state regulatory action.

Domestic Terrorism as a Percentage of DTEC by State

State	Domestic Terrorism as a % of DTEC	State	Domestic Terrorism as a % of DTEC
Alabama	30%	Mississippi	30%
Alaska	N/A	Missouri	N/A
Arizona	30%	Montana	30%
Arkansas	15%	Nebraska	30%
California	N/A	Nevada	20%
Colorado	30%	New Hampshire	30%
Connecticut	30%	New Jersey	20%
Delaware	30%	New Mexico	N/A
District of Columbia	55%	New York	55%
Florida	N/A	North Carolina	30%
Georgia	30%	Oklahoma	30%
Hawaii	N/A	Oregon	15%
Idaho	30%	Pennsylvania	40%
Illinois	55%	Rhode Island	30%
Indiana	30%	South Carolina	20%
Iowa	30%	South Dakota	30%
Kansas	30%	Tennessee	15%
Kentucky	30%	Texas	N/A
Louisiana	30%	Utah	15%
Maine	30%	Vermont	30%
Maryland	55%	Virginia	N/A
Massachusetts	N/A	Wisconsin	30%
Michigan	30%	West Virginia	30%
Minnesota	N/A	Wyoming	30%

N/A: DTEC has not been approved in this state.

POLICY PROVISIONS: WC 00 00 00 C

NCCF COMPANY NO.

INFORMATION PAGE

NCCF COMPANY NO.

INSURER: ☒ Hartford Accident and Indemnity Company
☐ Hartford Casualty Insurance Company
☐ Hartford Fire Insurance Company
☐ Hartford Underwriters Insurance Company
☐ Twin City Fire Insurance Company

10448
14397
13269
10456
14974

☐ Hartford Insurance Company of Illinois
☐ Hartford Insurance Company of the Midwest
☐ Hartford Insurance Company of the Southeast

20613
20605
20621

(Co. Use Only)
Best L R R P R
Ind Cof CFI
01

ADDRESS: HARTFORD, CT 06155



POLICY NO. 57 WPR WQ0297
 Previous Policy No. 57 WPR WQ0297

SUFFIX
LARS Renewal
03
Co. Code
5

Items

1. Named Insured and Mailing Address
 (No., Street, Town, County, State)

Individual ☐ Corporation ☒
 Partnership ☐ Other -----

SUNPOWER CORPORATION
 880 HARBOUR WAY SOUTH, SUITE 600
 RICHMOND, CA 94804

Other workplaces not shown above:

2. The Policy Period is from 04/01/2024 to 04/01/2025

12:01 A.M., standard time at the insured's mailing address

Producer's Name Producer's Code
 MARSH RISK & INSURANCE SERVICE
 4 EMBARCADERO CTR
 SUITE 1100
 SAN FRANCISCO, CA 94111

Issuing Regional Office

THE HARTFORD
 ONE HARTFORD PLAZA
 HARTFORD, CT 06155

3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

MA, WI

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

The Limits of our Liability under Part Two are: Bodily Injury by Accident \$ Each accident
 Bodily Injury by Disease \$ Policy Limit
 Bodily Injury by Disease \$ each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING
 AND ANY STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE

D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDS

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				\$
TERRORISM	9740			\$
CATASTROPHE	9741			\$

FEIN NO.

Interstate/Intrastate ID No.

NAICS:

Minimum Premium: \$ MA

Total Estimated Annual Premium
 Deposit Premium

Audit Period: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

05/02/2024

Countersigned by

Susan S. Castaneda

Form WC 00 00 01 A Printed in U.S.A.

Authorized Agent
 04/01/2024

Date



WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational

disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury.

You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.

2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last

exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;

5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, dis-crimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Noappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944) any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as

though that state were listed in Item 3.A. of the Information Page.

3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the

Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis.

This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. All your officers and employees engaged in work covered by this policy; and

2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is cancelled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obligated to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with that law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

Schedule of Operations

Co. Cd.	Insurer
5	Hartford Accident and Indemnity Company, 06-0383030, 10448

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WPR WQ0297 Schedule Number A

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications CLASS SUMMARY	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
ELECTRICAL APPARATUS				
INSTALLATION OR REPAIR & DRIVERS	3724			
FARM MACHINERY - LEASING OR				
REFINING WITHOUT OPERATORS & DRIVERS	8116			
CLERICAL OFFICE EMPLOYEES NOC	8810			

Issue date 05/02/2024

Schedule of Operations

Co. Cd.	Insurer
A	Sentinel Insurance Company, Limited, 15-52103, 13161

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WPR WQ0297 Schedule Number 1

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications MASSACHUSETTS	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	3724	██████████	3.41	██████████
	8810	██████████	.04	██████████

TOTAL CLASS PREMIUM

MA RATE DEVIATION PREMIUM CREDIT (9037) 25 PERCENT

WAIVER OF SUBROGATION (0930) 2 PERCENT

INCREASED LIMITS: PART TWO (9812) 2 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

MA EXPENSE CONSTANT (0900)

TERRORISM (9740) .03

MA DIA ASSESSMENT 4.82 PERCENT

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1

Schedule of Operations

Co. Cd.	Insurer
7	Twin City Fire Insurance Company, 06-0732738, 14974

This Schedule changes the policy effective on the inception date of the policy unless another date is indicated below.

Effective date 04/01/2024 standard time. Policy Number 57 WPR WQ0297 Schedule Number 2

Named Insured and Mailing Address of operations covered by this schedule.

SUNPOWER CORPORATION

880 HARBOUR WAY SOUTH

SUITE 600

RICHMOND, CA 94804

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications WISCONSIN	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100. of Remuneration	Estimated Annual Premium
	8116	██████████	2.65	██████████
	8810	██████████	.17	██████████

TOTAL CLASS PREMIUM

WAIVER OF SUBROGATION (0930)

INCREASED LIMITS: PART TWO (9812) 1.1 PERCENT

TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION

INTERSTATE EXPERIENCE MOD #913272277 (9898) .75 (ACTUAL)

PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MOD.

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM

TERRORISM (9740) .02

CATASTROPHE (9741) .01

TOTAL ESTIMATED ANNUAL PREMIUM

Issue date 05/02/2024

Form WC 99 00 05 (04-84) Printed in U.S.A. R-1



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WPR WQ0297

Endorsement Number:

Effective Date: 04/01/2024 **Effective hour** is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

- | | | | |
|----|-----------|-------|---|
| 1 | WC660346 | | INSTALLMENT PREMIUM SCHEDULE |
| 2 | WC990323 | | ADDITIONAL NAMED INSURED ENDORSEMENT |
| 3 | WC990549 | | CANCELLATION BY US - MASSACHUSETTS |
| 4 | WC000106A | 04-92 | LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT
COVERAGE ENDORSEMENT |
| 5 | WC000203 | 04-84 | VOLUNTARY COMPENSATION MARITIME COVERAGE
ENDORSEMENT |
| 6 | WC000301A | 02-89 | ALTERNATE EMPLOYER ENDORSEMENT |
| 7 | WC000313 | | WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
ENDORSEMENT |
| 8 | WC000406A | | PREMIUM DISCOUNT ENDORSEMENT |
| 9 | WC000201B | | MARITIME COVERAGE ENDORSEMENT |
| 10 | WC000109C | | OUTER CONTINENTAL SHELF LANDS ACT COVERAGE
ENDORSEMENT |
| 11 | WC480517B | | RETROSPECTIVE PREMIUM ENDORSEMENT LARGE RISK
ALTERNATIVE RATING OPTION |
| 12 | WC000516 | | RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT -
LARGE RISK ALTERNATIVE RATING OPTION (LRARO) |



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WPR WQ0297

Endorsement Number:

Effective Date: 04/01/2024 **Effective hour** is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

13	WC480601C	WISCONSIN LAW ENDORSEMENT
14	WC000419	PREMIUM DUE DATE ENDORSEMENT
15	WC480606B	WISCONSIN CANCELLATION AND NONRENEWAL ENDORSEMENT
16	WC000425	EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT
17	WC000414A	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
18	WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
19	WC000421F	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT
20	WC000422C	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT
21	G-3418-0	PRODUCER COMPENSATION NOTICE
22	WC990001K	SIGNATURE PAGE
23	WC200301	04-84 MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT
24	WC200405	MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT



EXTENSION OF THE INFORMATION PAGE - ITEM 3.D. - ENDORSEMENTS

Policy Number: 57 WPR WQ0297

Endorsement Number:

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Item 3.D. of the Information Page is completed to include the following endorsements:

- | | | |
|----|-----------|---|
| 25 | WC200601A | MASSACHUSETTS CANCELLATION ENDORSEMENT |
| 26 | WC200303D | MASSACHUSETTS NOTICE TO POLICYHOLDERS ENDORSEMENT |
| 27 | WC200302A | MASSACHUSETTS - ASSESSMENT CHARGE |

INSTALLMENT PREMIUM SCHEDULE

The Total Estimated Annual Premium of \$ [REDACTED] Will be payable in installments as outlined in the SCHEDULE OF PAYMENTS

SCHEDULE OF PAYMENTS

NO	DUE DATE OF PAYMENT	ESTIMATED ADVANCE PREMIUM	
1	04/01/2024	[REDACTED]	
1	04/01/2024		LOAN
2	05/01/2024		
3	06/01/2024		
4	07/01/2024		
5	08/01/2024		
6	09/01/2024		
7	10/01/2024		
8	11/01/2024		
9	12/01/2024		
TOTALS		[REDACTED]	



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL NAMED INSURED ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 2

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

The policy is amended to include the following as additional named insureds:

SunPower Corporation
SunPower Corporation Systems
SolarWorld Americas, Inc
TotalEnergies Distributed Generation Assets USA, LLC

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company, provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement

Countersigned by *Suean L. Castaneda*
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION BY US - MASSACHUSETTS

Policy Number: 57 WPR WQ0297

Endorsement Number: 3

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Paragraph 2. Of Part Six-Conditions, D. Cancellation in the Workers' Compensation and Employers' Liability Insurance Policy Provisions is replaced by the following:

2. We may cancel this policy only if based on one or more of the following reasons: (i) nonpayment of premium; (ii) fraud or material misrepresentation affecting your policy; or (iii) a substantial increase in the hazard insured against. Such cancellation shall not be effective until 10 days after written notice is given by us to you and The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), for nonpayment of premium or 90 days after written notice is given by us to you and the Workers Compensation Rating and Inspection Bureau of Massachusetts (Bureau) for either reason (ii) or (iii), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Longshore and Harbor Workers' Compensation Act Coverage Endorsement

Policy Number: 57 WPR WQ0297

Endorsement Number: 4

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

C. Workers' Compensation Law

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusions 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

State

IF ANY

Longshore and Harbor Workers' Compensation Act Coverage Percentage

TO BE DETERMINED AT AUDIT

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

Countersigned by Suean L. Castaneda



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Voluntary Compensation Maritime Coverage Endorsement

Policy Number: 57 WPR WQ0297

Endorsement Number: 5

Effective Date: 04/01/2024

Effective hour is the same as stated in the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement adds Voluntary Compensation Maritime Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee who is master or member of the crew of a vessel described in the Schedule.
2. The bodily injury must occur in employment that is necessary or incidental to work described in item 2 of the Schedule.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in item 1 of the Schedule were subject to the workers' compensation law shown in item 1 of the Schedule. We will pay those amounts to the persons who would be entitled to them under that law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

Schedule

1. Employees

Workers Compensation Law

Master and members of the crews of these vessels:

2. Description of Work: IF ANY

Countersigned by

Suean L. Castaneda

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALTERNATE EMPLOYER ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 6

Effective Date: 04/01/2024

Effective hour is the same as stated in the Information page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

SCHEDULE

1. Alternate Employer

Address

As required by written contract

**2. State of Special or
Temporary Employment**

3. Contract or Project



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER
FROM OTHERS ENDORSEMENT**

Policy Number: 57 WPR WQ0297

Endorsement Number: 7

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

ANY PERSON OR ORGANIZATION FROM WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER FROM US.

ENDORSEMENT IS NOT APPLICABLE IN KY, NH, NJ OR ANY MO CONSTRUCTION RISK.

Countersigned by _____

Suear, L. Castaneda

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM DISCOUNT ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 8

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

SCHEDULE

1. Table of States

Alaska
Arizona
Delaware
Florida

Idaho
Indiana
Iowa

X Massachusetts
Minnesota
New Jersey
Nevada

North Carolina
Pennsylvania
Rhode Island
X Wisconsin

or any other State that has approved the premium discount plan applicable to the total policy premium on an interstate basis at the effective date of the policy.

2. Average percentage discount: %
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MARITIME COVERAGE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 9

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

A. How This Insurance Applies is replaced by the following.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily

injury by accident or by disease must be brought in the United States of America, its territories or possessions or Canada.

C. Exclusions is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. Bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. Your duty or obligation to provide transportation, wages, maintenance, and cure. This exclusion does not apply if a premium entry is shown in item 2 of the Schedule, except that punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law are excluded even if a premium is paid for transportation, wages, maintenance, and cure coverage.

D. We will Defend is changed by adding the following statement.

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease

arising out of work in each state shown in item 3.A of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

SCHEDULE

1. Description of work. Design, manufacture and delivery of solar panels and systems.

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2. Transportation, Wages, Maintenance and Cure Premium \$ If Any

Exclusion: This insurance does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law even if a premium is paid for transportation, wages, maintenance, and cure coverage.

À. Limits of Liability

Bodily Injury by Accident	\$	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	each accident
Bodily Injury by Disease	\$	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	aggregate



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 10

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers Compensation Law** is replaced by the following:

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

SCHEDULE

Description and Location of Work IF ANY



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN RETROSPECTIVE PREMIUM ENDORSEMENT LARGE RISK ALTERNATIVE RATING OPTION

Policy Number: 57 WPR WQ0297

Endorsement Number: 11

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is added to Part Five (Premium) because you have agreed to have the cost of the insurance rated retrospectively using a Large Risk Alternative Rating Option. This endorsement explains the rating plan and how the retrospective premium will be determined.

This endorsement applies to the states listed in the Schedule. It applies to the rating plan period as stated in the Schedule. It applies only to those policies listed in the Schedule.

The amount of retrospective rating plan premium depends on the five standard elements and the two elective elements. The various retrospective rating plan factors are shown in the Schedule.

A. Retrospective Rating Plan Premium Standard Elements

The five standard elements are explained here.

1. Standard Premium is the premium we would charge during the rating period if you had not chosen a retrospective rating plan. Standard Premium does not include the following elements and any other elements excluded based on our manuals:
 - Premium discount
 - Expense constant
 - Premium resulting from the nonratable element codes
 - Premium developed by the occupational disease rates for employees subject to the Federal Mine Safety and Health Act

- Premium developed by the catastrophe provisions as outlined in our manuals.

2. Basic Premium is less than Standard Premium. It is determined as follows:

- a. If the Basic Premium Factor is expressed as a percentage then the Basic Premium is determined by multiplying the Standard Premium times the Basic Premium Factor Percentage, as shown in the Schedule. The Basic Premium Factor may vary depending on the total amount of Standard Premium.

- b. If the Basic Premium Factor is expressed as a rate per \$100 of remuneration then the Basic Premium is determined by multiplying the total remuneration times the rate per \$100 of remuneration, as shown in the Schedule.

The Basic Factor includes:

- Our general administration costs and expenses
- Cost of loss control services
- Net aggregate loss factor

The Basic Premium Factor does not cover premium taxes or claims adjustment expenses. Those elements are usually provided for in the Tax Multiplier and the Loss Conversion Factor.

3. Incurred losses are all amounts we pay or estimate we will pay for losses, interest on

judgments, expenses to recover against third parties, and employer's liability loss adjustment expenses. This includes paid and outstanding losses including reserves set on open claims. Incurred losses will include Allocated Loss Adjustment Expenses (ALAE).

The rating formula for incurred losses will not include loss for the following elements or any other elements excluded from our manuals:

- o Resulting from the nonratable elements codes
 - o Developed by the occupational disease rates for employers subject to the Federal Mine Safety and Health Act
 - o Developed by the catastrophe provisions as outlined in our manuals
4. Converted incurred losses are based on the incurred losses for a policy or policies to which the retrospective rating plan applies. A Loss Conversion Factor is applied to incurred losses to produce the converted incurred losses. The Loss Conversion Factor is shown in the Schedule.
 5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of Basic Premium, Converted Losses and any elective elements. The percentage is called the Tax Multiplier. The Tax Multiplier is shown in the Schedule.

B. Retrospective Rating Plan Premium Elective Elements

Two other elements are included in determining retrospective rating plan premium if you chose to include them. They are the excess loss premium for the Loss Limitation and the Retrospective Development Premium. They are explained here:

1. The election of a Loss Limitation means that the amount of incurred losses to be included in the retrospective rating plan premium is limited to an amount called the Loss Limitation. If you elect a Loss Limitation you can decide to have the Loss Limit apply as follows:
 - a. Per Person – The Loss Limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident; or,
 - b. Per Accident – The Loss Limitation applies separately to each accident or occurrence regardless of the number of employees involved in that accident.

The charge for this Loss Limitation is included in the Basic Premium Factor as another expense item. If you chose a Loss Limitation, that amount will be shown in the Schedule.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of the retrospective rating plan premium and is called the retrospective development premium. It is a percentage of the Standard Premium multiplied by the Loss Conversion Factor. The percentage of Standard Premium is called the Retrospective Development Factor. The Retrospective Development Factors vary by first, second and third calculations of the retrospective rating plan premium. If you chose this element, the Retrospective Development Factors are shown in the Schedule.

C. Retrospective Rating Plan Premium Formula

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective rating plan premium. If the policies provide insurance for more than one insured, the retrospective rating plan premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective rating plan premium is the sum of Basic Premium, Converted Losses and retrospective development premium elective elements if you chose them. This sum is multiplied by the applicable Tax Multiplier shown in the Schedule.
2. The retrospective rating plan premium will not be less than the minimum or more than the maximum retrospective rating plan premium. The minimum and maximum retrospective rating plan premiums are determined by:
 - a. If the Minimum and Maximum Retrospective Rating Plan factors shown in the Schedule are shown as a percentage then the minimum and maximum retrospective rating plan premiums are determined by applying the Minimum and Maximum Retrospective Rating Plan Factors, as shown in the Schedule, to the Standard Premium
 - b. If the Minimum and Maximum Retrospective Rating Plan Factors shown in the Schedule are expressed as rates per \$100 of remuneration then the minimum and maximum rating plan premiums are determined by multiplying the rates per

\$100 of remuneration, as shown in the Schedule, times the total remuneration.

3. If this endorsement applies to more than one policy or state, the Standard Premium will be the sum of the Standard Premiums for each policy and state.

D. Calculation of Retrospective Rating Plan Premium

1. We will calculate the retrospective rating plan premium using all loss information we have as of a date eighteen months after the inception date of the Rating Plan Period, as shown in the Schedule, and annually thereafter.

We may make a special valuation of a retrospective rating plan premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due to us if the retrospective rating plan premium is more than the total Standard Premium as of the special valuation date.

2. After any calculation of the retrospective rating plan premium, you and we may agree that it is the final calculation.
3. After each calculation of the retrospective rating plan premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all Standard Premium and retrospective rating plan premium calculated under this endorsement.

E. Insureds Operating in More Than One State

If any of the policies provide insurance in a state not shown in the List of States, and if you begin work in that state during the Retrospective Rating Plan Period, this endorsement will apply to that insurance if this retrospective rating plan applies in that state on an interstate basis. The retrospective rating plan premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

F. Cancellation of a Policy Under a Retrospective Rating Plan

1. If the policy to which this endorsement is attached is cancelled, the effective date of the cancellation will become the end of the rating plan period of all insurance subject to this endorsement.
2. If other policies listed in the Schedule of this endorsement are cancelled, the effective date of cancellation will become the end of

the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.

3. If we cancel for nonpayment of premium, the maximum retrospective rating plan premium will be:

- a. If the Maximum Retrospective Rating Plan Factor is shown as a percentage, then the maximum retrospective rating plan premium is based on the standard premium for the rating plan period, increased pro rata to 365 days, and will include all of the applicable retrospective rating plan factors shown in the Schedule.

- b. If the Maximum Retrospective Rating Plan Factor is shown as a rate per \$100 of remuneration, then the maximum retrospective rating plan premium is based on the total remuneration for the rating plan period, increased pro rata to 365 days, and will include all of the applicable retrospective rating plan factors shown in the Schedule.

4. If you cancel, the Standard Premium for the rating plan period will be increased by our short rate table and procedure. This short rate premium will be the minimum retrospective rating plan premium. The short rate premium will be used to determine the retrospective development premium if you chose this elective element.

The maximum retrospective rating plan premium will be:

- a. If the Maximum Retrospective Rating Plan Factor is shown as a percentage, then the maximum retrospective rating plan premium is based on the short rate premium, increased pro rata to 365 days.

- b. If the Maximum Retrospective Rating Plan Factor is shown as a rate per \$100 of remuneration, then the maximum retrospective rating plan premium is based on the total remuneration for the rating plan period, increased by our short rate table and procedure, and increased pro rata to 365 days.

5. Section F.4. will not apply if you cancel because:

- a. All work covered by the insurance is completed
- b. All interest in the business covered by the insurance is sold
- c. You retire from all business covered by the insurance.

SCHEDULE

1. List of States: MA, WI
2. List of Policies: 57 WPR WQ0297
3. Rating Plan Period: From 04/01/2024 To 04/01/2025
4. The Plan Parameters are:
 - a. Loss Limitation: \$ _____ Per Person
 OR
 \$ Per Occurrence
 - b. Loss Conversion Factor: 1.0000
 - c. Minimum Retrospective Rating Plan Premium Factor
 % of Standard Premium
 OR
 per \$100 of remuneration (including/excluding) payroll for monopolistic states.
 - d. Maximum Retrospective Rating Plan Premium Factor
 % of Standard Premium
 OR
 per \$100 of remuneration (including/excluding) payroll for monopolistic states. *Excluding*
 - e. Tax Multiplier:
 - f. Basic Premium Factor
 The Basic Premium Factors shown are based on estimates of Standard Premium. If the actual standard premium is within the range of estimated standard premiums shown, the Basic Premium Factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums shown below, the Basic Premium Factor will be recalculated.

	50%	100%	150%
Estimated Standard Premium:	_____	_____	_____
Basic Premium Factor:	_____	_____	_____

 OR
 The Basic Premium Factor is:
 per \$100 of remuneration (including/excluding) payroll for monopolistic states. *Excluding*
 - g. Terrorism Charge
 % of Standard Premium
 OR
 per \$100 of remuneration.
 - h. Catastrophe Charge
 % of Standard Premium
 OR
 per \$100 of remuneration.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**RETROSPECTIVE RATING PLAN PREMIUM ENDORSEMENT -
LARGE RISK ALTERNATIVE RATING OPTION (LRARO)**

Policy Number: 57 WPR WQ0297

Endorsement Number: 12

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement applies only to workers compensation and employers liability insurance when rated under the provisions of the Large Risk Alternative Rating Option that we have negotiated with you.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN LAW ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 13

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Wisconsin is shown in Item 3.A. of the Information Page.

This policy is amended to reflect the following changes and/or additions to clarify or comply with Wisconsin Law:

- I. If our agent has knowledge of a change in or a violation of a policy condition, this will be considered our knowledge and will not void the policy or defeat a recovery for a claim.
- II. "Workers' Compensation Law" means Chapter 102, Wisconsin Statutes. It does not include and

this policy does not apply to any obligation under Chapter 40, Wisconsin Statutes, or Section 66.191, Wisconsin Statutes, or any amendment to these laws.

- III. Any language involving "Action s Against Us" is replaced and amended to provide that no legal action may be brought against us until there has been full compliance with all terms of this policy.
- IV. If an injury occurs that may be covered by this insurance the policy is amended to provide that you must notify us of that injury as soon as reasonably possible.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM DUE DATE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 14

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section D of Part Five of the policy is replaced by this provision.

PART FIVE PREMIUM

D. Premium is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers

compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

Countersigned by *Suean L. Castaneda*
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN CANCELLATION AND NONRENEWAL ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 15

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Wisconsin is shown in Item 3.A. of the Information Page.

The Cancellation Section (D) of the Part Six - Conditions is deleted and replaced by the following:

A. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect. If you purchase replacement insurance, the cancellation becomes effective on the date the new coverage becomes effective. If no replacement coverage is purchased, the cancellation will be effective thirty (30) days after receipt of written notice by the Wisconsin Compensation Rating Bureau.
2. We may cancel the policy for any reason if the policy has been in effect for less than sixty (60) days. If the policy is issued for a term longer than one year or for an indefinite term, we may cancel the policy for any reason on an annual anniversary of the policy effective date. We may cancel the policy at any other time for the following reasons:

- a. you fail to pay all premiums when due, however, we must deliver or mail, first class, not less than thirty (30) days advance written notice stating when the cancellation is to take effect;
 - b. a material misrepresentation;
 - c. a substantial breach of the obligations, conditions or warranties under the policy; or
 - d. a substantial change in the risk we assumed under the policy unless it was reasonable for us to foresee the change or expect the risk when we issued the policy.
3. If we cancel for any permissible reason other than nonpayment of premium when due, we must deliver or mail, first class, not less than* thirty (30) days notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1. of the Information Page will be sufficient to prove notice.
 4. The policy period will end on the day and hour stated in a notice of cancellation.

B. Nonrenewal

1. You have the right to have the insurance renewed unless we deliver or mail to you not less than* sixty (60) days advance written notice stating our intention not to renew this policy.

2. We do not have to renew the insurance if you do not pay the renewal premium billing by the due date or if you accept replacement insurance, are insured elsewhere, request or agree to nonrenewal, or if the policy is expressly designated as being nonrenewable.
3. If we renew the insurance, we may use the policy forms, rates and rating plans we are then using for similar risks. We may limit the policy to a term equivalent to the term of the expiring policy or one year, whichever is less.
4. If we offer to renew the insurance on less favorable terms, we will mail to deliver written notice of the new terms by first class mail to you, the policy holder, at least sixty (60) days prior to the renewal date. The definition of "terms" does not include manual rates, experience modification factors, or classifications of risks.

If we provide such notice within sixty (60) days prior to the renewal date, the new terms will not take effect until sixty (60) days after the notice is mailed or delivered, in which case you, the policy holder, may elect to cancel the renewal policy at any time during the sixty (60) day period. The notice will include a statement of your right to cancel. If you elect to cancel the renewal policy during the sixty (60) day period, the return premium or additional premium charges shall be calculated proportionally on the basis of the old premiums.

We need not mail or deliver this notice if the only change adverse to you is a premium increase that; (a) is less than 25%; or, (b) results from a change based on your action that alters the nature and extent of the risk insured against, including, but not limited to, a change in the classifications for the business.

* Any written agreement attached to and made a part of the policy, between the insurance carrier and policyholder which extends the cancellation or nonrenewal notification timeframe, will supersede the aforementioned notification requirements found in items A.3., and B.1., respectively.

Countersigned by _____

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 16

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:
SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**90-DAY REPORTING REQUIREMENT -
NOTIFICATION OF CHANGE IN OWNERSHIP
ENDORSEMENT**

Policy Number: 57 WPR WQ0297

Endorsement Number: 17

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 18

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 - Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
AL, AR, CO, CT, DC, DE, GA, IA, ID, IL, KY, MD, ME, MI, MN, MS, NE, NJ, NM, OR, RI, SC, SD, TN, UT, VA, VT, WV	Estimated Annual Premium	Up to two times
AZ, HI, KS, OK	Estimated Annual Premium	Two times
NC	Estimated Annual Premium	Up to three times
NV	Estimated Annual Premium	Up to one times
WI	Estimated Annual Premium	One time



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 19

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 20

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Name of California Insurer:

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.

2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule**State****Rate****Premium**

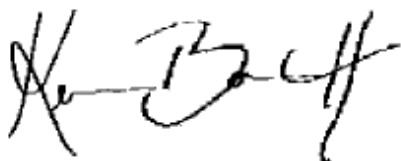


PRODUCER COMPENSATION NOTICE

You can review and obtain information on The Hartford's producer compensation practices at www.TheHartford.com or at 1-800-592-5717.

POLICY NUMBER: 57 WPR WQ0297
NAME OF INSURER:

Our President and Secretary have signed this policy. Where required by law, the Information Page has been countersigned by our duly authorized representative.



Kevin Barnett, Secretary



M. Ross Fisher, President

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 23

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by Part Two (Employers Liability Insurance) because Massachusetts is listed in Item 3.A. of the Information Page.

Our liability to you under Section 25 of Chapter 152 of the General Laws of Massachusetts is not subject to the limit of liability that applies to Part Two (Employers Liability Insurance).

Countersigned by Susan E. Castaneda
Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 24

Effective Date: 04/01/2024

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Section D of Part Five of the policy is replaced by this provision:

**PART FIVE
PREMIUM**

D. Premium Payments is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers

compensation law is not valid. **The audit and retrospective premiums shall be paid by the due date indicated on the billing statement.**

Countersigned by

Suean S. Castaneda

Authorized Representative



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS CANCELLATION ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 25

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Massachusetts is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy by mailing or delivering to us advance written notice requesting cancellation. Such cancellation shall not be effective until ten days after written notice is given by us to The Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
2. We may cancel this policy only if based on one or more of the following reasons: (i) nonpayment of premium; (ii) fraud or material misrepresentation affecting your policy; or (iii) a substantial increase in the hazard insured against. Such cancellation shall not be effective until ten days after written notice is given by us to you and the Workers' Compensation Rating and Inspection Bureau of Massachusetts (Bureau), or until notice has been received by the Bureau that you have secured insurance from another insurance company, whichever occurs first. Our notice to the Bureau may be given by electronic transmission.
3. We will mail or deliver the notice of cancellation to you at your last address, which shall be the mailing address shown in Item 1 of the Information Page or the change of mailing address shown in an Endorsement to the Policy. Pursuant to M.G.L. Chapter 175, Section 187C, a written notice of cancellation shall be deemed effective when mailed by us if we obtain a certificate of mailing receipt from the United States Postal Service showing your name and address as stated in the policy.
4. Any of these provisions that conflict with the law that controls the cancellation of this insurance policy is changed by this statement to comply with the law.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT

Policy Number: 57 WPR WQ0297

Endorsement Number: 26

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

This endorsement applies only to the insurance provided by the policy because Massachusetts is shown in Item 3.A. of the Information Page.

1. **Rates and Premium**

The policy contains rates and classifications that apply to your type of business. If you have any questions regarding the rates or classifications, please contact your agent or us.

You may obtain pertinent rating information by submitting a written request to the Workers' Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this endorsement or to us at our company address shown on this endorsement. We may require you to pay a reasonable charge for furnishing the information.

You may also submit a written request for a review of the method by which your classification, rates, premiums or audit results were determined. If we fail to grant or reject your request within thirty days after it is made or if you are not satisfied by the results of our review, you may submit a written request for review to the Workers' Compensation Rating and Inspection Bureau of Massachusetts ("WCRIBMA") at the address shown in this endorsement. If the WCRIBMA fails to grant or reject your request within thirty days after it is made or [i]f you are not satisfied with the results of the WCRIBMA review, you may appeal to the Commissioner of Insurance at the address shown in this endorsement.

2. **Reserve or Settlements**

You may request a loss run, which contains reserve and settlement information for claims that relate to the premium for this policy. Such a request must be in writing and should be sent to our address shown on this endorsement. We will provide you with that information within thirty (30) days of receipt of your request, and at reasonable intervals thereafter.

If you have any questions or believe that we set unreasonable reserves or made unreasonable settlements that affected your premiums or losses, you may make a written request through your agent or directly to us for a meeting with our company representative. If you are not satisfied with the results of the meeting, you may make a written appeal to the Insurance Commissioner at the address shown on the endorsement.

3. **Named Insured**

You are responsible for immediately reporting all changes in name or legal status to us in writing at the company address shown in this Endorsement.

If you want to add a named insured or replace the named insured with another legal entity on any policy issued through the Massachusetts Assigned Risk Pool you must submit a new Assigned Risk Pool Application, including a Confidential Request for Information Form (ERM), to the Workers'

Compensation Rating and Inspection Bureau of Massachusetts at the address shown in this Endorsement

4. Insured's Mailing Address
Notices relating to this Policy will be mailed or delivered to your mailing address. Your mailing

address is that which is shown in Item 1 of the Information Page or in a change of address Endorsement to the Policy. You are responsible for notifying us in writing at the company address shown in this Endorsement about any change to your mailing address.

Addresses

The Workers' Compensation Rating and Inspection Bureau of Massachusetts
Attention: Customer Service Department
101 Arch Street, 5th Floor
Boston, MA 02110
www.wcribma.org

Company Address

THE HARTFORD
ONE HARTFORD PLAZA
HARTFORD, CT 06155

Commissioner of Insurance
Division of Insurance
Department of Banking and Insurance
1000 Washington St 8th Floor
Boston, MA 02118-2218



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MASSACHUSETTS - ASSESSMENT CHARGE

Policy Number: 57 WPR WQ0297

Endorsement Number: 27

Effective Date: 04/01/2024 Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: SUNPOWER CORPORATION
880 HARBOUR WAY SOUTH, SUITE 600
RICHMOND, CA 94804

Massachusetts General Laws, Chapter 152, Section 65, as amended by Chapter 572 of the Acts of 1985, establishes a workers compensation special fund and a workers compensation trust fund.

On behalf of the Department of Industrial Accidental (DIA), the insurance company providing workers compensation coverage is required to bill and collect an assessment charge covering the special and trust funds from insured employers and remit the amounts collected to the State Treasury.

The assessment charge, which is determined by applying a rate (subject to annual change) to the **DIA's** standard premium, **as defined and outlined in 452 CMR 7.00**, developed under your policy, is shown as a separate item on the information page of the policy. The rate may be different for private employers and for the Commonwealth and its political subdivisions.

The income derived from the assessment charge will be used to fund the operating expenses of the DIA and to fund certain employee benefits as described in Chapter 152.

EXHIBIT C
Invoices

**Together We Prevail™****Account Invoice**

Invoice Date: 07/01/2024

Invoice ID: **3232924**

ATTN: MICHAEL DUGGAN
SUNPOWER CORPORATION
8900 Amberglen Blvd. Ste 325
Austin, TX 78729

Account Name: **SunPower Corporation**
Account #: [REDACTED]
Hartford Contact: JASON FERRARO
[REDACTED] [@thehartford.com](mailto:[REDACTED]@thehartford.com)

Description	Valuation Date	Amount Due
Loss Reimbursement	06/30/2024	\$163,860.53
Surcharge/State Tax	06/30/2024	\$2.73
Service Fee	06/30/2024	\$2,800.00
Due Date: 07/31/2024		Amount Due: \$166,663.26

Page 1 of 22

SunPower Corporation

Account #: [REDACTED]
Invoice Date: 07/01/2024

Invoice ID: 3232924
AMOUNT DUE: \$166,663.26
DUE DATE: 07/31/2024

Please make check payable to:

Hartford Financial Services
P.O. Box 415738
Boston, MA 02241-5738

For overnight check payments:

Bank of America Lockbox Services
Hartford Financial Services
415738 MA5-527-0207
2 Morrissey Blvd., Dorchester, MA 02125

Pay via EFT:

Name: **Bank of America**
Account#: [REDACTED]
Name: **Hartford Fire Insurance**
ABA# for ACH: [REDACTED]
ABA# for WIRE: [REDACTED]

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online at treo.thehartford.com



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Together We Prevail™

Activity Summary

Invoice ID: 3232924

Valuation Date: 06/30/2024
Invoice Date: 07/01/2024

Account Name: SunPower Corporation
Account #: [REDACTED]

Program Period	Product	Policy Number	Loss	Surcharge/ State Tax	Service Fee	Service Fee Tax	Total
04/01/2024-04/01/2025	WORKERS' COMPENSATION	57 WV WQ0015	\$10,677.24	\$0.09	\$2,400.00	\$0.00	\$13,077.33
04/01/2023-04/01/2024	WORKERS' COMPENSATION	57 WV WQ0015	\$104,555.52	\$2.27	\$400.00	\$0.00	\$104,957.79
04/01/2022-04/01/2023	WORKERS' COMPENSATION	57 WV WQ0015	\$32,529.71	\$0.37	\$0.00	\$0.00	\$32,530.08
11/01/2021-04/01/2022	WORKERS' COMPENSATION	57 WV WQ0015	\$15,176.42	\$0.00	\$0.00	\$0.00	\$15,176.42
11/01/2020-11/01/2021	WORKERS' COMPENSATION	57 WV WQ0015	\$239.87	\$0.00	\$0.00	\$0.00	\$239.87
11/01/2019-11/01/2020	WORKERS' COMPENSATION	57 WV WQ0015	\$487.08	\$0.00	\$0.00	\$0.00	\$487.08
11/01/2016-11/01/2017	WORKERS' COMPENSATION	57 WN WQ0015	\$194.69	\$0.00	\$0.00	\$0.00	\$194.69
Account Total:				\$2.73	\$2,800.00	\$0.00	\$166,663.26

**Together We Prevail™****Account Invoice**

Invoice Date: 08/01/2024

Invoice ID: **3242322**

ATTN: MICHAEL DUGGAN
SUNPOWER CORPORATION
8900 Amberglen Blvd. Ste 325
Austin, TX 78729

Account Name: **SunPower Corporation**
Account #: [REDACTED]
Hartford Contact: JASON FERRARO
[REDACTED]@thehartford.com

Description	Valuation Date	Amount Due
Loss Reimbursement	07/31/2024	\$138,355.03
Surcharge/State Tax	07/31/2024	\$2.07
Service Fee	07/31/2024	\$2,800.00
Due Date: 08/31/2024		Amount Due: \$141,157.10

Page 1 of 20

SunPower Corporation

Account #: [REDACTED]
Invoice Date: 08/01/2024

Invoice ID: 3242322
AMOUNT DUE: \$141,157.10
DUE DATE: 08/31/2024

Please make check payable to:

Hartford Financial Services
P.O. Box 415738
Boston, MA 02241-5738

For overnight check payments:

Bank of America Lockbox Services
Hartford Financial Services
415738 MA5-527-0207
2 Morrissey Blvd., Dorchester, MA 02125

Pay via EFT:

Name: **Bank of America**
Account#: [REDACTED]
Name: **Hartford Fire Insurance**
ABA# for ACH: [REDACTED]
ABA# for WIRE: [REDACTED]

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online at treo.thehartford.com



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Together We Prevail™

Activity Summary

Invoice ID: 3242322

Valuation Date: 07/31/2024
Invoice Date: 08/01/2024

Account Name: SunPower Corporation
Account #: [REDACTED]

Program Period	Product	Policy Number	Loss	Surcharge/ State Tax	Service Fee	Service Fee Tax	Total
04/01/2024-04/01/2025	WORKERS' COMPENSATION	57 WV WQ0015	\$14,900.61	\$0.13	\$2,200.00	\$0.00	\$17,100.74
04/01/2023-04/01/2024	WORKERS' COMPENSATION	57 WV WQ0015	\$83,497.90	\$1.60	\$600.00	\$0.00	\$84,099.50
04/01/2022-04/01/2023	WORKERS' COMPENSATION	57 WV WQ0015	\$32,769.91	\$0.28	\$0.00	\$0.00	\$32,770.19
11/01/2021-04/01/2022	WORKERS' COMPENSATION	57 WV WQ0015	\$7,173.92	\$0.06	\$0.00	\$0.00	\$7,173.98
11/01/2019-11/01/2020	WORKERS' COMPENSATION	57 WV WQ0015	\$10.72	\$0.00	\$0.00	\$0.00	\$10.72
11/01/2016-11/01/2017	WORKERS' COMPENSATION	57 WN WQ0015	\$1.97	\$0.00	\$0.00	\$0.00	\$1.97
Account Total:				\$2.07	\$2,800.00	\$0.00	\$141,157.10

**Together We Prevail™****Account Invoice**

Invoice Date: 09/01/2024

Invoice ID: **3251067**

ATTN: MICHAEL DUGGAN
SUNPOWER CORPORATION
8900 Amberglen Blvd. Ste 325
Austin, TX 78729

Account Name: **SunPower Corporation**
Account #: [REDACTED]
Hartford Contact: JASON FERRARO
[REDACTED]@thehartford.com

Description	Valuation Date	Amount Due
Loss Reimbursement	08/31/2024	\$137,577.00
Surcharge/State Tax	08/31/2024	\$2.17
Service Fee	08/31/2024	\$8,500.00
Due Date: 10/01/2024		Amount Due: \$146,079.17

Page 1 of 21

SunPower Corporation

Account #: [REDACTED]
Invoice Date: 09/01/2024

Invoice ID: 3251067
AMOUNT DUE: \$146,079.17
DUE DATE: 10/01/2024

Please make check payable to:

Hartford Financial Services
P.O. Box 415738
Boston, MA 02241-5738

For overnight check payments:

Bank of America Lockbox Services
Hartford Financial Services
415738 MA5-527-0207
2 Morrissey Blvd., Dorchester, MA 02125

Pay via EFT:

Name: **Bank of America**
Account#: [REDACTED]
Name: **Hartford Fire Insurance**
ABA# for ACH: [REDACTED]
ABA# for WIRE: [REDACTED]

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Together We Prevail™

Activity Summary

Invoice ID: 3251067

Valuation Date: 08/31/2024
Invoice Date: 09/01/2024

Account Name: SunPower Corporation
Account #: [REDACTED]

Program Period	Product	Policy Number	Loss	Surcharge/ State Tax	Service Fee	Service Fee Tax	Total
04/01/2024-04/01/2025	WORKERS' COMPENSATION	57 WV WQ0015	\$5,623.26	\$0.08	\$0.00	\$0.00	\$5,623.34
04/01/2023-04/01/2024	WORKERS' COMPENSATION	57 WV WQ0015	\$101,685.94	\$1.65	\$8,200.00	\$0.00	\$109,887.59
04/01/2022-04/01/2023	WORKERS' COMPENSATION	57 WV WQ0015	\$21,088.71	\$0.43	\$200.00	\$0.00	\$21,289.14
11/01/2021-04/01/2022	WORKERS' COMPENSATION	57 WV WQ0015	\$2,744.24	\$0.00	\$100.00	\$0.00	\$2,844.24
11/01/2020-11/01/2021	WORKERS' COMPENSATION	57 WV WQ0015	\$1,934.85	\$0.01	\$0.00	\$0.00	\$1,934.86
11/01/2018-11/01/2019	WORKERS' COMPENSATION	57 WV WQ0015	\$4,500.00	\$0.00	\$0.00	\$0.00	\$4,500.00
Account Total:				\$2.17	\$8,500.00	\$0.00	\$146,079.17

**Together We Prevail™****Account Invoice**

Invoice Date: 10/01/2024

Invoice ID: **3259771**

ATTN: MICHAEL DUGGAN
SUNPOWER CORPORATION
8900 Amberglen Blvd. Ste 325
Austin, TX 78729

Account Name: **SunPower Corporation**
Account #: [REDACTED]
Hartford Contact: JASON FERRARO
[REDACTED]@thehartford.com

Description	Valuation Date	Amount Due
Loss Reimbursement	09/30/2024	\$142,539.91
Surcharge/State Tax	09/30/2024	\$2.20
Service Fee	09/30/2024	\$3,950.00
Due Date: 10/31/2024		Amount Due: \$146,492.11

Page 1 of 21

SunPower Corporation

Account #: [REDACTED]
Invoice Date: 10/01/2024

Invoice ID: 3259771
AMOUNT DUE: \$146,492.11
DUE DATE: 10/31/2024

Please make check payable to:

Hartford Financial Services
P.O. Box 415738
Boston, MA 02241-5738

For overnight check payments:

Bank of America Lockbox Services
Hartford Financial Services
415738 MA5-527-0207
2 Morrissey Blvd., Dorchester, MA 02125

Pay via EFT:

Name: **Bank of America**
Account#: [REDACTED]
Name: **Hartford Fire Insurance**
ABA# for ACH: [REDACTED]
ABA# for WIRE: [REDACTED]

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online at treo.thehartford.com



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Together We Prevail™

Activity Summary

Invoice ID: 3259771

Valuation Date: 09/30/2024
Invoice Date: 10/01/2024

Account Name: SunPower Corporation
Account #: [REDACTED]

Program Period	Product	Policy Number	Loss	Surcharge/ State Tax	Service Fee	Service Fee Tax	Total
04/01/2024-04/01/2025	WORKERS' COMPENSATION	57 WV WQ0015	\$2,194.80	\$0.04	\$1,200.00	\$0.00	\$3,394.84
04/01/2023-04/01/2024	WORKERS' COMPENSATION	57 WV WQ0015	\$76,855.17	\$1.21	\$2,100.00	\$0.00	\$78,956.38
04/01/2022-04/01/2023	WORKERS' COMPENSATION	57 WV WQ0015	\$57,756.27	\$0.95	\$300.00	\$0.00	\$58,057.22
11/01/2021-04/01/2022	WORKERS' COMPENSATION	57 WV WQ0015	\$2,469.76	\$0.00	\$150.00	\$0.00	\$2,619.76
11/01/2020-11/01/2021	WORKERS' COMPENSATION	57 WV WQ0015	\$3,263.91	\$0.00	\$100.00	\$0.00	\$3,363.91
11/01/2019-11/01/2020	WORKERS' COMPENSATION	57 WV WQ0015	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00
Account Total:				\$2.20	\$3,950.00	\$0.00	\$146,492.11